


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90075 031 ***150.00

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|---|---|---|--|
| DOCUMENT # H93243 | |  | |
| 1. Entity Name STROLLO'S, INC. | | | |
| Principal Place of Business 1128 JOSEPHINE ST LAKE LAND FL 33801 | | Mailing Address 1128 JOSEPHINE ST LAKE LAND FL 33801 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1128 JOSEPHINE Suite, Apt. #, etc. | |
| City & State LAKE LAND, FLORIDA | | City & State LAKE LAND, FLORIDA | |
| Zip 33815 | Country | Zip 33815 | Country |
| 4. FEI Number 59-1082020 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STROLLO, EULO 1128 JOSEPHINE ST LAKE LAND FL 33801 | | 7. Name and Address of New Registered Agent Name OLGA STROLLO Street Address (P.O. Box Number is Not Acceptable) 1128 JOSEPHINE STREET City LAKE LAND FL Zip Code 33815 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent. SIGNATURE <i>Olga Strollo</i> OLGA STROLLO DATE 2-15-05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD STROLLO, EULO 1128 JOSEPHINE ST. LAKE LAND FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | OLGA STROLLO 1128 JOSEPHINE LAKE LAND, FL. 33815 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Olga Strollo</i> OLGA STROLLO | | DATE 2-15-05 863 686-4978 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

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1st MOORE CR2E034 (10/04)