

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90012 016 ***150.00

40096235



06082006 Chg-P CR2E034 (11/05)

DOCUMENT # H93243 1. Entity Name STROLLO'S, INC.					
Principal Place of Business 1128 JOSEPHINE ST LAKE LAND, FL 33801			Mailing Address 1128 JOSEPHINE LAKE LAND, FL 33815		
2. Principal Place of Business <u>1295 EAST MAIN ST.</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <u>114 EAST BELVEDERE</u> <small>Suite, Apt. #, etc.</small>			
City & State <u>Lakeland FL.</u> Zip <u>33801</u> Country <u>POLK</u>		City & State <u>Lakeland FL.</u> Zip <u>33803</u> Country <u>POLK</u>		4. FEI Number 59-1082020	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ST ROLLO, OLGA 1128 JOSEPHINE ST LAKE LAND, FL 33815			7. Name and Address of New Registered Agent Name <u>Susan STROLLO MOTTAM</u> Street Address (P.O. Box Number is Not Acceptable). <u>114 EAST BELVEDERE ST.</u> City <u>LAKE LAND</u> FL <u>33803</u>		
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 <u>S. Mottam Susan STROLLO MOTTAM</u> 6-15-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STROLLO, OLGA 1128 JOSEPHINE ST. LAKE LAND, FL 33815		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SUSAN STROLLO MOTTAM 114 E. BELVEDERE ST. LAKE LAND FLORIDA 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMAS W. MOTTAM 114 E. BELVEDERE ST. LAKE LAND FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>S. Mottam Susan STROLLO MOTTAM</u> 6-15-06 863.682-7607 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					