

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93243

Entity Name: STROLLO'S, INC.

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

1295 EAST MAIN STREET  
LAKELAND, FL 33801

## New Principal Place of Business:

## Current Mailing Address:

114 EAST BELVEDERE  
LAKELAND, FL 33803

## New Mailing Address:

FEI Number: 59-1082020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOTTRAM, SUSAN STROLLO  
114 EAST BELVEDERE ST  
LAKELAND, FL 33803 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: STROLLO, OLGA  
Address: 1128 JOSEPHINE ST.  
City-St-Zip: LAKELAND, FL 33815

Title: V ( ) Delete  
Name: MOTTRAM, SUSAN STROLLO  
Address: 114 E. BELVEDERE ST.  
City-St-Zip: LAKELAND, FL 33803

Title: P ( ) Delete  
Name: MOTTRAM, THOMAS W  
Address: 114 E. BELVEDERE ST  
City-St-Zip: LAKELAND, FL 33803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN STROLLO MOTTRAM

V. P

01/12/2009

Electronic Signature of Signing Officer or Director

Date