


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90131 015 \*\*\*150.00

**DOCUMENT # J14179**  
 1. Entity Name  
**THE STRICKLAND FINANCIAL GROUP, INC.**



Principal Place of Business  
**7270 COLLEGE PKWY**  
**STE 304**  
**FORT MYERS, FL 33907 US**

Mailing Address  
**PO BOX 150789**  
**CAPE CORAL, FL 33915 US**

**50006312**



2. Principal Place of Business  
**7370 College Pkwy**  
 Suite, Apt. #, etc. **0**  
**Suite 305**  
 City & State  
**Fort Myers, FL**

3. Mailing Address  
**Correct.**  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
**33907** Country  
**USA.**

03132006 Chg-P CR2E034 (11/05)

4. FEI Number  
~~05-0392593~~ **59-2674011** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STICKLAND, MALCOLM L JR**  
**7370 COLLEGE PKWY**  
**STE 304 305**  
**FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 305.**  
 City **FL** Zip Code

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 **MALCOLM L Strickland, Jr.** (NOTE: Registered Agent signature required when reinstating) DATE **3/13/06**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	DP STRICKLAND, M.L., JR. 1429 SE 17TH STREET CAPE CORAL, FL 33990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRICKLAND, NINA B 1429 SE 17TH ST CAPE CORAL, FL 33990	<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 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: **MALCOLM L Strickland** DATE: **3/13/06** DAYTIME PHONE #: **239-274-8657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR