

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J16659

1. Entity Name
STRONG'S ENGINE MACHINE SHOP, INC.



Principal Place of Business
C/O JACK DOUGLAS STRONG
26330 OLD 41 ROAD
BONITA SPRINGS, FL 34135

Mailing Address
C/O JACK DOUGLAS STRONG
26330 OLD 41 ROAD
BONITA SPRINGS, FL 34135

AA

FILED
07 SEP 19 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2687438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STRONG, JACK DOUGLAS
26330 OLD 41 ROAD
BONITA SPRINGS, FL 34135

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

800103506846
09/20/07--01001--001 **158.75
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ALVARADO, JORGE
10931 ROSEMARY DR.
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STRONG, JACK D
26850 NICKI J. COURT
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STRONG, JACK D
26850 NICKI J. COURT
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: ☒

ALAN RIVIERE
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

109.13.07 239 947 3110
Date Daytime Phone #