

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J23946

FILED
Mar 24, 2009
Secretary of State

Entity Name: CHARLES R. STRICKLAND, P.A.

Current Principal Place of Business:

1901 US HWY 19 .S.E
P.O. BOX 398
CRYSTAL RIVER, FL 344230398 US

New Principal Place of Business:

1901 US HWY 19 .S.E
1901 US HWY 19 S.E.
CRYSTAL RIVER, FL 34429 US

Current Mailing Address:

1901 US HWY 19 .S.E
P.O. BOX 398
CRYSTAL RIVER, FL 344230398 US

New Mailing Address:

1901 US HWY 19 .S.E
1901 US HWY 19 S.E.
CRYSTAL RIVER, FL 34429 US

FEI Number: 59-2736170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, LYMAN
1901 US HWY 19 S.E.
CRYSTAL RIVER, FL 34429 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: P () Delete
Name: STRICKLAND, LYMAN
Address: 1901 US HWY 19 S.E.
City-St-Zip: CRYSTAL RIVER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LYMAN STRICKLAND

P

03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date