

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J23946

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

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

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: LYMAN STRICKLAND      04/20/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: LYMAN STRICKLAND      PRES      04/20/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date