

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J37328

FILED
Jan 14, 2009
Secretary of State

Entity Name: JAMES A. STRICKLAND, JR., P.A.

Current Principal Place of Business:

2090 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 541936
MERRITT ISLAND, FL 329541936 US

New Mailing Address:

FEI Number: 59-2724445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSLEY, CURTIS R.
1221 E. NEW HAVEN AVE
MELBOURNE, FL 32901 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: PSD () Delete
Name: STRICKLAND, JAMES A JR
Address: 2090 N TROPICAL TR
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STRICKLAND, JAMES A JR
Address: PO BOX 541936
City-St-Zip: MERRITT ISLAND, FL 32954 US

Title: S () Change (X) Addition
Name: STRICKLAND, RITA Y
Address: PO BOX 541936
City-St-Zip: MERRITT ISLAND, FL 32954 US

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: JAMES A STRICKLAND JR

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date