2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

DOCUMENT # J41763 1. Entity Name STRICKLAND CONTRACTING OF FLAGLER, INC.								03-14-20	08 90034	1 049 **	*150.00	
Principal Place of Business U. S. HIGHWAY #1 BUNNELL, FL 32110				Mailing Address U. S. HICHNAY #1 P.O. BOX 248 BUNNELL, FL 32110								
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				<u> 1</u> 1111 864 1890 61113 11				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03062008	Chg-P	CR2E00	34 (12/06)		
City & State				City & State			4. FEI Numb 59-274				oplied For at Applicable	
Zip		Country Zip Cou		Coun	try		of Status Desired		88.75 Add see Require			
	and Address of Curre	tered Agent		Name	7. Name and	Address of New F	Registered A	gent				
STRICKLAND, MARCUS C. 160 CIRCLE S ROAD BUNNELL, FL 32110					Street Address (P.O. Box Number is Not Acceptable)							
					City			FL	Zlp Cod	•		
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, Speed or printed name of registered open and title if applicable. (NOTE: Registered Agent signature required when remistoric) DATE												
### SECTION OF THE SE												
10. 🦫	Se.	. OFFICERS AN	D DIREC		11.	-	ADDITIONS	CHANGES TO OFF	ICERS AND			
NAME 2, STREET ADDRESS CITY-SI-ZEP	E STRICKLAND, MARCUS C. ET NORESS U.S. HWY 1					1				Change	Addition	
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TITLE RAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Ctrange	☐ Addition	
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 attackment with an address, with all other like empowered.												
SIGNATURE: 10. SIGNATURE AND TYPED THE PRINTED HAVE OF BEDWING OFFICER ON PROJECT OR DELL DESTRUCTION OF TORM PROVIDED HAVE OF BEDWING OFFICER ON PROJECT OR DELL DESTRUCTION OF TORM PROVIDED HAVE OF BEDWING OFFICER ON PROJECT OR DELL DELL DESTRUCTION OF TORM PROVIDED HAVE OF BEDWING OFFICER ON PROJECT OR DELL DELL DELL DELL DELL DELL DELL DEL												