

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # K30509

1. Entity Name
STRAWBERRY RIDGE, INC.



Principal Place of Business
**11300 4TH STREET NORTH
200
ST PETERSBURG, FL 33716 US**

Mailing Address
**P O BOX 22550
ST PETERSBURG, FL 33742-2550 US**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2904604

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEMBLER, M. STEVEN
11300 4TH STREET NORTH SUITE 200
ST PETERSBURG, FL 33716**

**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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000078388
03/08/04-80023-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
YOUNG, ROBERT B
11300 4TH STREET NORTH SUITE 200
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
SEMBLER, M. STEVEN
11300 4TH STREET NORTH SUITE 200
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FELICE, DAVID M
11300 4TH ST N STE 200
SAINT PETERSBURG, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
JOHNSON, DARIAN W
11300 4TH STREET NORTH SUITE 200
ST. PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
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 exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04

727-577-5522