


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 Mailing Address
 11300 4TH STREET NORTH P O BOX 22550
 200 ST PETERSBURG, FL 33742-2550 US
 ST PETERSBURG, FL 33716 US



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2904604 Not Applic

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

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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 acc 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

U00000078388
 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 informatio 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 direc 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 1, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-15-04 787-577-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #