

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90092 003 ***158.75

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**

40047571



03252005 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE	V
NAME	JOHNSON, DARIAN W
STREET ADDRESS	11300 4TH STREET NORTH SUITE 200
CITY - ST - ZIP	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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05

Date

727-577-5528

Daytime Phone #