
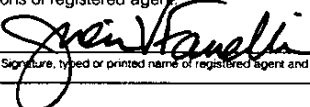
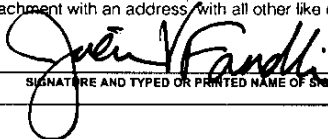


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90073 046 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-2904604
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent JULIE V. FANELLI 11300 4TH STREET NORTH SUITE 200 ST PETERSBURG, FL 33716		7. Name and Address of New Registered Agent Name BLAIR COMMUNITIES, INC. Street Address (P.O. Box Number is Not Acceptable) 11300 4th St. N., Suite 200 City St. Petersburg FL Zip Code 33716			
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 		Julie V. Fanelli		4/17/07	
(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, ROBERT B 11300 4TH STREET NORTH SUITE 200 ST PETERSBURG, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEMBLER, M. STEVEN 11300 4TH STREET NORTH SUITE 200 ST PETERSBURG, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FELICE, DAVID M 11300 4TH ST N STE 200 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, DARIAN W 11300 4TH STREET NORTH SUITE 200 ST. PETERSBURG, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, KAREN 11300 4TH ST. N. STE 200 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FANELLI, JULIE V 11300 4TH ST. N. STE 200 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address with all other like empowered.					
SIGNATURE: 		Julie V. Fanelli		4/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 727-577-9197	