


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # K35880 1. Entity Name STRAWBRIDGE & SONS, INC.	
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Principal Place of Business 5120 S. LAKELAND DRIVE SUITE 2 LAKELAND, FL 33813 US	Mailing Address 5120 S. LAKELAND DRIVE SUITE 2 LAKELAND, FL 33813 US
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-P CR2E034 (11/05)

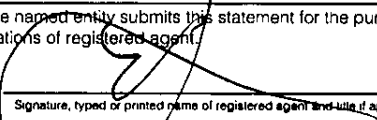
4. FEI Number 59-2913588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STRAWBRIDGE, V. FREDERICK
5202 MESSINA
LAKELAND, FL 33813**

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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  (NOTE: Registered Agent signature required when reinstating) DATE **3/27/08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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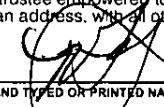
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAWBRIDGE, V. FREDERIC 5202 MESSINA LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWBRIDGE, DELLYNNE C. 5202 MESSINA LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/08-80097-008 150.00

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IN THIS SPACE**

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:  **V. FREDERICK STRAWBRIDGE** **3/27/08** **863-646-9332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone