

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L08451

1. Entity Name
THE STRAWBERRY PATCH, INCORPORATED



Principal Place of Business

**% EDWARD C WALKER
109 W BROADWAY
FORT MEADE, FL 33841**

Mailing Address

**% EDWARD C WALKER
109 W BROADWAY
FORT MEADE, FL 33841**

FILED
May 30, 2006 08:00 AM
Secretary of State



05232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2940962

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WALKER, EDWARD C.
109 W BROADWAY
FORT MEADE, FL 33841**

**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 relocating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution, ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALKER, EDWARD C
109 W BROADWAY
FORT MEADE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALKER, JOANN
109 W BROADWAY
FORT MEADE, 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

000000586345
05/30/06-00006-006 550.00

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward C Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-06 863-285-944