

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L12950 1. Entity Name STRICTLY REPTILES, INC.	
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Principal Place of Business 6450 STIRLING RD HOLLYWOOD, FL 33024 US	Mailing Address 6450 STIRLING RD HOLLYWOOD, FL 33024 US
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DO NOT WRITE IN THIS SPACE



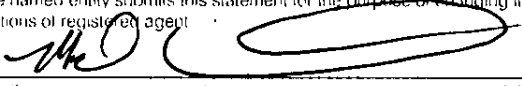
01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0142477	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAN NOSTRAND, MICHAEL 6450 STIRLING RD. HOLLYWOOD, FL 33024	DO NOT WRITE IN THIS SPACE
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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 accept the obligations of registered agent.

SIGNATURE: 

Signature of person or entity submitting this statement (required when not state official) (Print Name of Registered Agent (signature required when not state official)) (Print Name)

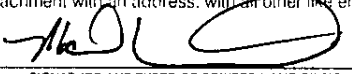
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PDS VAN NOSTRAND, MICHAEL 4354 SW 140 AVE DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP VAN NOSTRAND, RAYMOND 4354 SW 140 AVE DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T VAN NOSTRAND, RAYMOND E 18525 SW 7TH ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/11/08-80020-018 158.75

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 time empowered.

SIGNATURE:  **Michael Van Nostrand** 1/24/08 954-867-8310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone/Fax/Cell