2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L12950

1. Entity Name
STRICTLY REPTILES, INC.

Principal Place of Business	Mailing Address
6450 STIRLING RD HOLLYWOOD, FL 33024 US	6450 STIRLING RD HOLLYWOOD, FL 33024 US

01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0142477
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VAN NOSTRAND, MICHAEL
6450 STIRLING RD.
HOLLYWOOD, FL 33024

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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 _____ DATE
Signature of new registered agent, if applicable (Attest: Required signature if required when filed on paper)

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

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	VAN NOSTRAND, MICHAEL
STREET ADDRESS	4354 SW 140 AVE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	VP
NAME	VAN NOSTRAND, RAYMOND
STREET ADDRESS	4354 SW 140 AVE
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	T
NAME	VAN NOSTRAND, RAYMOND E
STREET ADDRESS	18525 SW 7TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
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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02/11/08-80020-018 158.75

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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: _____ Michael Van Nostrand 1/24/08 954-967-8350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #