

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90100 037 ***150.00

DOCUMENT # L27479

1. Entity Name
STRICKLER BROS., INC.



Principal Place of Business
**17136 JEAN STREET
STE 1
FT. MYERS, FL 33912 US**

Mailing Address
**17136 JEAN STREET
STE 1
FT. MYERS, FL 33912 US**

50057414



07212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0159654

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STRICKLER, STEVEN J.
10600 SHARON DR
FORT MYERS, FL 33917**

**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.

STEVEN STRICKLER - Pres.

7/21/05

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRICKLER, STEVEN J
STREET ADDRESS	10600 SHARON DR
CITY-ST-ZIP	N FORT MYERS, FL 33917
TITLE	VP
NAME	STRICKLER, DANIEL S
STREET ADDRESS	4630 PINE ROAD
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VP
NAME	STRICKLER, DEAN A
STREET ADDRESS	10550 SHARON DR
CITY-ST-ZIP	N FORT MYERS, FL 33917
TITLE	VP
NAME	STRICKLER, GARY L
STREET ADDRESS	8353 BAMBOO ROAD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	S
NAME	STRICKLER, JUDITH A
STREET ADDRESS	16679 BOBCAT DR. SW.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith A Strickler

Date **7-27-05** Daytime Phone #

239-267-2050