


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90080 043 ***158.75

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DOCUMENT # L27479			
1. Entity Name STRICKLER BROS., INC.			
Principal Place of Business 4176 CANAL ST FORT MYERS, FL 33916 US		Mailing Address 17136 JEAN STREET STE 1 FT. MYERS, FL 33912 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4176 Canal Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ft. Myers, FL	
Zip	Country	Zip	Country
33916	US	33916	US
4. FEI Number 65-0159654		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STRICKLER, STEVEN J. 10600 SHARON DR FORT MYERS, FL 33917		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be to Fees	
10. OFFICERS AND DIRECTORS		11. ACTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLER, STEVEN J 10600 SHARON DR N FORT MYERS, FL 33917 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRICKLER, DANIEL S 4630 PINE ROAD FORT MYERS, FL 33908 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRICKLER, DEAN A 10550 SHARON DR N FORT MYERS, FL 33917 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRICKLER, GARY L 10630 SHARON DR FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Strickler, Gary L. 10630 Sharon Dr. Ft. Myers, FL 33917 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRICKLER, JUDITH A 16679 BOBCAT DR. SW. FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Judith A. Strickler</i>		Date: <i>1-25-07</i> Daytime Phone: <i>239-267-1050</i>	