

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L27479**

1. Entity Name  
**STRICKLER BROS., INC.**



Principal Place of Business  
**4176 CANAL ST  
FORT MYERS, FL 33916 US**

Mailing Address  
**4176 CANAL ST  
FORT MYERS, FL 33916 US**



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0159654</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional  
Fee Required**

**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

(NOTE: Registered Agent signature required when reinstating)

U0000003861276

04/03/08-80002-020 158.75

**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	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	10630 SHARON DR
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Judith A. Strickler - Corporate Sec.* **3-13-08** **267-2050**