

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-28-2004 90002 019 ****61.25

DOCUMENT # N00000008228					
1. Entity Name STRINGS N' STRUTTERS, INC.					
Principal Place of Business 6145 2ND AVE. NEW PORT RICHEY FL 34653-5107			Mailing Address 6145 2ND AVE. NEW PORT RICHEY FL 34653-5107		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3914038	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
UNDERWOOD, ALAN W 129 N MAIN STREET BROOKSVILLE FL 34605				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	O'LESKE, CHET		NAME		
STREET ADDRESS	P O BOX 1312		STREET ADDRESS		
CITY-ST-ZIP	ELFERS FL 34680		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MILLER, HARRIETT		NAME		
STREET ADDRESS	1430 MARINER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34609		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERTZOG, DELORES		NAME		
STREET ADDRESS	6145 2 AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERTZOG, RICHARD F		NAME		
STREET ADDRESS	6145 2ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653-5107		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HAMILTON, EDITH		NAME		
STREET ADDRESS	6611 LAMPREY LANE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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>Dolores H. Hertzog</i>			<i>Treasurer</i> 6/7/04 727-848-8031		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		