

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008228

FILED
Mar 22, 2009
Secretary of State

Entity Name: STRINGS N' STRUTTERS, INC.

Current Principal Place of Business:

6145 2ND AVE.
NEW PORT RICHEY, FL 346535107

New Principal Place of Business:

Current Mailing Address:

6145 2ND AVE.
NEW PORT RICHEY, FL 346535107

New Mailing Address:

FEI Number: 59-3914038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'LESKE, CHARLES R
4007 CONTAVO CT
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'LESKE, CHET
Address: P O BOX 1312
City-St-Zip: ELFERS, FL 34680

Title: SD () Delete
Name: FICO, SANDY
Address: 3226 WIND TAMMER DR
City-St-Zip: SPRING HILL, FL 34607

Title: TD () Delete
Name: HERTZOG, DELORES
Address: 6145 2 AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD () Delete
Name: HERTZOG, RICHARD F
Address: 6145 2ND AVE.
City-St-Zip: NEW PORT RICHEY, FL 346535107

Title: VD () Delete
Name: HAMILTON, EDITH
Address: 6611 LAMPREY LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD F HERTZOG

PD

03/22/2009

Electronic Signature of Signing Officer or Director

Date