
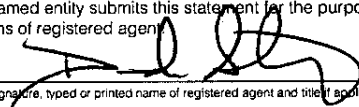
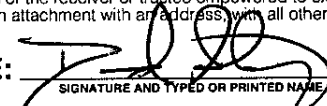


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90048 007 ***150.00

DOCUMENT # P00000009397 1. Entity Name STRONG FINANCIAL SERVICES INC.					
Principal Place of Business 216 COMMONWEALTH BLVD PORT ORANGE, FL 32127			Mailing Address 216 COMMONWEALTH BLVD PORT ORANGE, FL 32127		
2. Principal Place of Business 776 Sugarcane Lane Suite, Apt. #, etc.			3. Mailing Address 776 Sugarcane Lane Suite, Apt. #, etc.		
City & State Port Orange FL		City & State Port Orange FL		4. FEI Number 59-3635479	
Zip 32129		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRONG, DAVID 216 COMMONWEALTH BLVD PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name David Strong Street Address (P.O. Box Number is Not Acceptable) 776 Sugarcane Lane City Port Orange FL Zip Code 32129	
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 3/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT STRONG, DAVID 216 COMMONWEALTH DR PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STRONG, CATHY 216 COMMONWEALTH DR PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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:  David Strong - President DATE 3/17/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

54020094



03172004 Chg-P CR2E034 (10/03)

FL **32129**