2007 FOR PROFIT CORPORATION

FILED Mar 19, 2007 08:00 AM

ANNOAL REFORT				Secretary of Sta			
1. Entity Nan	MENT # P0000001990 a strong agency, inc.	08					- y - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0
Principal Place 1102 N JOA TAVARES, FI	nna ave	Mailing Address 1102 N JOANNA AVE TAVARES, FL 32778					
	OO NOT WRITE I	N THIS SPA	CE	03122007 4. FEI Numb 59-362	No Chg-P	CR2E034	
6. Name and Address of Current Registered Agent STRONG, MARSHA K 1102 N JOANNA AVE TAVARES, FL 32778			DO NOT WRITE IN THIS SPACE				
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and little		ad office or register d Agent signature required		th, in the State of Flo	rida. I am lan	niliar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				00 May Be ed to Fees	000000 02 (20 20 20	671251 800251	10 100 GO
10. THE NAME STREET ADDRESS CITY-S1-ZIP THLE NAME STREET ADDRESS CITY-S1-ZIP	OFFICERS AND DIRE D STRONG, MARSHA K 1102 N JOANNA AVE TAVARES, FL 32778	CTORS			- 12, 21, 11, 	ouuci-U	13 130.UU
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT W		. •

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-Z#P TOTALE NAME STREET ADDRESS

ED NAME OF SIGNING OFFICER OR DIRECTOR