2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000023764

1. Entity Name
STRAIGHT LINE STRIPPING, INC.

Principal Place of Business	Mailing Address
12322 KELLY LANE THONOTOSASSA, FL 33592	12322 KELLY LANE THONOTOSASSA, FL 33592

DO NOT WRITE IN THIS SPACE

02022005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0986015	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GEER, ALAN K CPA
7401 D. TEMPLE TERRACE HWY.
TAMPA, FL 33637

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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)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 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	STERNHAL, VINCE	
STREET ADDRESS	12322 KELLY LN	
CITY-ST-ZIP	THONOTOSASSA, FL 33592	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

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05/03/05-80093-008 150.00

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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: _____   4-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #