

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000026388

1. Entity Name

STRICKLAND FINANCIAL SERVICES, INC.



Principal Place of Business

424 EAST CALL STREET
TALLAHASSEE, FL 32301

Mailing Address

424 EAST CALL STREET
TALLAHASSEE, FL 32301



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3633344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, BEVERLY
424 EAST CALL STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME STRICKLAND, BEVERLY A
STREET ADDRESS 1118 LOWER BRIDGE ROAD
CITY - ST - ZIP CRAWFORDVILLE, FL 32327

TITLE VP
NAME STRICKLAND, CHERRY
STREET ADDRESS 118 LOWER BRIDGE ROAD
CITY - ST - ZIP CRAWFORDVILLE, FL 32327

TITLE S
NAME STRICKLAND, MYRTLE
STREET ADDRESS 1118 LOWER BRIDGE ROAD
CITY - ST - ZIP CRAWFORDVILLE, FL 32327

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000529573
05/05/06-80077-024 150.00

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IN THIS SPACE**

12. I hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Beverly A. Strickland, President 4/24/06 25224-7550