

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000067817

1. Entity Name

STRATEGIC ENDEAVORS, INC.



Principal Place of Business

1287 E. NEWPORT CENTER DRIVE
SUITE 207
DEERFIELD BEACH, FL 33442

Mailing Address

1287 E. NEWPORT CENTER DRIVE
SUITE 207
DEERFIELD BEACH, FL 33442



05112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1025291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LANGNER, JOSEPH
1287 E. NEWPORT CENTER DRIVE
SUITE 207
DEERFIELD BEACH, FL 33442

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
LANGNER, JOSEPH
1287 E. NEWPORT CENTER DRIVE, SUITE 207
DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANGNER, JOSEPH
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~300054348473~~
~~05/12/05-01087-011 \$150.00~~

U00000366321
05/12/05-80008-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph Langner 5-11-05 954-574-9298