
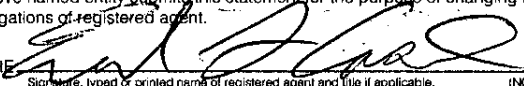
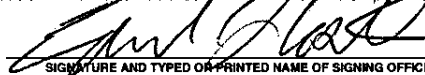


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90020 048 \*\*\*150.00

<b>DOCUMENT # P00000085778</b> 1. Entity Name <b>STROUD SERVICES II, INC.</b>					
Principal Place of Business <b>2667 DUNN AVENUE UNIT 5 JACKSONVILLE, FL 32226</b>			Mailing Address <b>P.O. BOX 26428 JACKSONVILLE, FL 32226</b>		
2. Principal Place of Business <b>10438 Lem Turner Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 26428</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>		4. FEI Number <b>59-3664900</b>	
Zip <b>32218</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STROUD, BARBARA A 8167 CROSSWIND ROAD JACKSONVILLE, FL 32244</b>			7. Name and Address of New Registered Agent Name <b>Edward L. Castlen</b> Street Address (P.O. Box Number is Not Acceptable) <b>10917 Key Colony Ct.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32218</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASTLEN, EDWARD L 10917 KEY COLONY COURT JACKSONVILLE, FL 32218</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STROUD, BARBARA A 8167 CROSSWIND ROAD JACKSONVILLE, FL 32244</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALL, SHELLY M 908 TARIN DRIVE, NORTH JACKSONVILLE, FL 32218</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WRIGHT, SUE E 4405 BRYSON DRIVE JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Castlen, Jacqueline N. 10917 Key Colony Ct Jacksonville FL 32218</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>CASTLEN, EDWARD L.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
			Date _____ Daytime Phone # _____		