


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90020 007 ***150.00

DOCUMENT # P0000112832
 1. Entity Name
STRUM FINANCIAL SERVICES, INC.



Principal Place of Business
**7035 NW 105TH AVENUE
 TAMARAC, FL 33321**

Mailing Address
**7035 NW 105TH AVENUE
 TAMARAC, FL 33321**

50000694

2. Principal Place of Business
1152 Kauri COURT
 Suite, Apt. #, etc.

3. Mailing Address
1152 Kauri COURT
 Suite, Apt. #, etc.



01042005 Chg-P CR2E034 (10/03)

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

Zip
33437 Country
USA

Zip
33437 Country
USA

4. FEI Number
65-1064624

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HANDIN, GARY I
 3111 UNIVERSITY DRIVE
 SUITE 404
 CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name

Street Address (P. O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUM, LAWRENCE 7647 SOUTHAMPTON DRIVE TAMARAC, FL 33321 <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	D STRUM, MILTON 7647 SOUTHAMPTON DRIVE TAMARAC, FL 33321 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 lines empowered.

SIGNATURE: *Lawrence Strum* **President** **1/5/04** **561-269-1665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #