2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000035806

1. Entity Name STRONG PARK, INC.



FILED Apr 18, 2008 08:00 Al Secretary of State

Principal Place of Business

1000 N. ORLANDO AVENUE

SUITE D

WINTER PARK, FL 32789

Mailing Address

1000 N. ORLANDO AVENUE

SUITE D

WINTER PARK, FL 32789



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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3713462

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRONG, DAVID C 1000 N. ORLANDO AVENUE SUITE D WINTER PARK, FL 32789

DO NOT WRITE

| | named entity submits this statement for the pions of registered agent. | urpose of changing its registere | d office or registered agent, or bo | oth, in the State of Florida. I am familiar with, and acce | .pt |
|---------------------------------------|---|--|---|--|-----|
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if | applicable. (NOTE, Registered | Agent signature required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | 9. Election Campaign Finan Trust Fund Contribution. | cing \$5.00 May Be Added to Fees | U00000905297 | |
| TITLE NAME STREET AODRESS | OFFICERS AND DIRECT D STRONG, DAVID C 1000 N. ORLANDO AVENUE SUITE I | | | 05/01/08-80047-015 150.00 | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | WINTER PARK, FL 32789 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , in the second of the second | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | The state of the s | ų, |
| TITLE NAME STREET ADDRESS | | | | | |

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:

CITY+ST-7IP

NATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

407 629-1800

Daytime Phone •