## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000070289

1. Entity Name STRASSER ENTERPRISES, INC.



FILED Apr 20, 2004 08:00 AM Secretary of State

Principal Place of Business

1504 STATE AVE HOLLY HILL, FL 32117 Mailing Address 1504 STATE AVE HOLLY HILL, FL 32117

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DO	NOT	WRIT	FIN	THIS	SPACE
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 04132004
 No Chg-P
 CR2E034 (10/03)

 1 Number
 Applied For Not Applicable

 59-3736366
 Not Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

STRASSER, DREW D 1504 STATE AVE HOLLY HILL, FL 32117

## 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	l'applicable (NOTE Registored	Agent Sgnature	a required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECT	TORS						
NAME STREET ADDRESS CHY-ST-ZIP	STRASSER, DREW D 1504 STATE AVE DAYTONA BEACH, FL 32117				U00000121278 04/20/04-80044-004 150.00			
UILE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·						
THILE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CUTY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY - ST - ZIP								
HTLE NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby certify that the information supplied with this filling 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 suppliemental 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								

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legat 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

4-13-04

Daytime Phone ¥