

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072946

FILED  
May 01, 2006  
Secretary of State

Entity Name: STRIFLER ENTERPRISES, INC.

## Current Principal Place of Business:

6013 S SUNCOAST BLVD  
UNIT 4  
HOMOSASSA, FL 34446

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1336  
HOMOSASSA, FL 3447

## New Mailing Address:

FEI Number: 59-3737459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRIFLER, MARK  
6013 S SUNCOAST BLVD  
UNIT 4  
HOMOSASSA, FL 34446 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: STRIFLER, FRANK  
Address: BOX 236  
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: PT ( ) Delete  
Name: STRIFLER, MARK  
Address: 6649 W VENABLE ST  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S ( ) Delete  
Name: KOPP, MICHELLE  
Address: 105 FAWN CT.  
City-St-Zip: SELLERSBERG, IN 47129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK STRIFLER

PT

05/01/2006

Electronic Signature of Signing Officer or Director

Date