

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90048 040 ***150.00

DOCUMENT # P01000117313

1. Entity Name
STRICKLAND CONSTRUCTION, INC.



Principal Place of Business
**1439 E GARY RD
LAKELAND, FL 33801**

Mailing Address
**1439 E GARY RD
LAKELAND, FL 33801**



2. Principal Place of Business - No P.O. Box #
1441 E. Gary Rd.
Suite, Apt. #, etc.
Lakeland, FL 33801
City & State

3. Mailing Address
1441 E. Gary Rd.
Suite, Apt. #, etc.
Lakeland, FL 33801
City & State

01082007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3760876

Applied For
Not Applicable

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

Zip **33801**

Country **US**

Zip **33801**

Country **US**

6. Name and Address of Current Registered Agent

**STRICKLAND, MICHAEL W
3179 VALLEY VISTA CIR.
LAKELAND, FL 33813**

7. Name and Address of New Registered Agent

Name **No Change!**

Street Address (P.O. Box Numbers 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 *Michael W. Strickland*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STRICKLAND, MICHAEL W**
STREET ADDRESS **3179 VALLEY VISTA CIRCLE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **No Change!**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Michael W. Strickland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07
Date

Daytime Phone #