

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90052 039 ***150.00

DOCUMENT # P02000000567

1. Entity Name

STROK MANAGEMENT, INC.



Principal Place of Business

1051 HILLSBORO MILE, APT 906E
HILLSBORO BEACH FL 33062

Mailing Address

1051 HILLSBORO MILE, APT 906E
HILLSBORO BEACH FL 33062

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

124 WOOD HAVEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM COAST, FL

Zip

Country

Zip

32164

Country

FLAGLER

4. FEI Number

01-0712191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

**ATKINSON, III, WILSON C ESQ
% ATKINSON, DINER, STONE, MANKUTA
1946 TYLER STREET
HOLLYWOOD FL 33020**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **STROK, ELIZABETH J.**
STREET ADDRESS **1051 HILLSBORO MILE, APT 906E**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **STROK, ELIZABETH J.**
STREET ADDRESS **124 WOOD HAVEN DR**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE ☐ Change ☐ Addition
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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 Section 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:

Elizabeth J. Strok
ELIZABETH J. STROK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

Date

386-447-4734

Daytime Phone #