



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000029431</b>	
1. Entity Name STRN, INCORPORATED	

Principal Place of Business 5685 WHITAKER RD C101 NAPLES, FL 34112	Mailing Address 5685 WHITAKER RD C101 NAPLES, FL 34112
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DO NOT WRITE IN THIS SPACE

	
08312006	No Chg-P CR2E034 (11/05)
4. FEI Number 45-0471428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MEGGER, THOMAS A 5685 WHITAKER RD C101 NAPLES, FL 34112
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

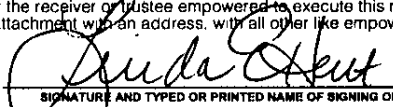
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEGGER, THOMAS A 5685 WHITAKER RD C101 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, LINDA E 5685 WHITAKER RD C101 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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09/05/06-80005-011 150.00

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:**  **LINDA E HUNT** 8/31/06 239-213-1590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #