


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000059205</b> 1. Entity Name SRTR, INC		
Principal Place of Business 20486 THE GRANADA #4 DUNNELLON, FL 34432	Mailing Address PO BOX 956 DUNNELLON, FL 34430	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  ROUNTREE, SHARON 20486 THE GRANADA #4 DUNNELLON, FL 34432		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROUNTREE, SHARON 20486 THE GRANADA # 4 DUNNELLON, FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROUNTREE, THOMAS 20486 THE GRANADA #4 DUNNELLON, FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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: <u>Sharon Rountree Sharon Rountree</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/14/05</u> Daytime Phone # <u>352-465-5609</u>



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3061797	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/20/05-80008-002 158.75