

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90019 004 \*\*\*150.00

**DOCUMENT # P03000044071**

1. Entity Name

STRICK-LAND INC.



Principal Place of Business

Mailing Address

~~1361 S WEMBLEY CIR~~  
~~PORT ORANGE FL 32128~~

~~1361 S WEMBLEY CIR~~  
~~PORT ORANGE FL 32128~~

28 RADFORD LN -  
PALM COAST FL

28 RADFORD LN -  
PALM COAST FL 32164

2. Principal Place of Business

3. Mailing Address

28 RADFORD LN -  
Suite, Apt. #, etc.

28 RADFORD LN -  
Suite, Apt. #, etc.

PALM COAST -

PALM COAST

City & State  
FLORIDA

City & State  
FLORIDA

Zip  
32164

Country  
USA -

Zip  
32164

Country  
USA -

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRICKLAND, PERRY J

~~1361 S WEMBLEY CIR~~  
~~PORT ORANGE FL 32128~~

28 RADFORD LN  
PALM COAST FL  
32164

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

*Perry Strickland*

PERRY STRICKLAND - AGENT  
3-2-04

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Delete</del> PRES - PERRY STRICKLAND - 28 RADFORD LN - PALM COAST FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Delete</del> SECY - MARTHA STRICKLAND 28 RADFORD LN - PALM COAST FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Perry Strickland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386 -  
03-2-04 586-0040