


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90002 050 \*\*\*150.00

**DOCUMENT # P03000068588**

1. Entity Name  
**STRZ AGENCY INTL, INC.**



Principal Place of Business      Mailing Address

1525 G&H DRIVE      1525 G&H DRIVE  
 KISSIMMEE, FL 34744      KISSIMMEE, FL 34744

**54066337**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

07132004      Chg-P      CR2E034 (10/03)

4. FEI Number  
**41-2143352**

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**BIGALKE, RONALD J**  
 1525 G&H DRIVE  
 KISSIMMEE, FL 34744

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 \_\_\_\_\_ (NOTE: Registered Agents signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$550.00**  
 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution:       \$5.00 may be Added to Fees

**CORP DID NOT RECEIVE FILING PAPER NOTICE**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BIGALKE, RONALD J</b>	
STREET ADDRESS	<b>1525 G&amp;H DRIVE</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34744</b>	
TITLE	<b>SECY</b>	<input type="checkbox"/> Delete
NAME	<b>SHYZER, ROGER</b>	
STREET ADDRESS	<b>250 SIESTA LANE</b>	
CITY-ST-ZIP	<b>LARGO, FL 33770</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D.P.T.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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 filers empowered.

SIGNATURE: \_\_\_\_\_      Date: **7-28-04**      Daytime Phone #: **407-847-9328**