


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90060 025 ***150.00

DOCUMENT # P03000068588

1. Entity Name
STRZ AGENCY INTL, INC.



50062626



08172105 Chg-P 022834 (10/03)

Principal Place of Business: **1525 G&H DRIVE KISSIMMEE, FL 34744**

Mailing Address: **1525 G&H DRIVE KISSIMMEE, FL 34744**

2. Principal Place of Business: State, Apt. #, etc. City & State Zip Country

3. Mailing Address: State, Apt. #, etc. City & State Zip Country

4. FBI Number: **41-2143352** Applied For: Not Applicable:

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

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. It understands and accepts the obligations of registered agents.

SIGNATURE _____
Signature of each or either named registered agent and the filer. (NOTE: Registered Agent signature requires some recording.)

FILE NOW!! - FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

FILE NAME	BIGALKE, RONALD J	<input type="checkbox"/> Delete
STREET ADDRESS	1525 G&H DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
FILE NAME	SMYZER, ROGER	<input type="checkbox"/> Delete
STREET ADDRESS	250 SIESTA LANE	
CITY-ST-ZIP	LARGO, FL 33770	
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE NAME	PT.D Bigalke Ronald J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.03(1)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 designated to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Section 10 or Section 11 if changed, or on an attachment with an address, with all other registered agents.

SIGNATURE: _____ *Pres. Aug. 17, 2005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date