

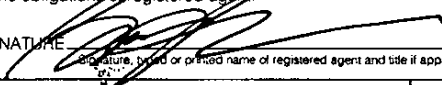
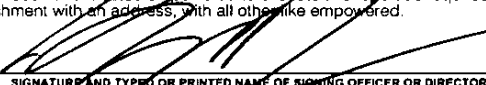


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2008 8:00 am**  
**Secretary of State**

08-12-2008 90024 035 \*\*\*158.75

<b>DOCUMENT # P03000088073</b>					
<b>1. Entity Name</b> BONNIE STRICKLAND, P.A.					
<b>Principal Place of Business</b> 3050 S DALE MABRY TAMPA, FL 33626 US			<b>Mailing Address</b> 3050 S DALE MABRY HWY TAMPA, FL 33629 US		
<b>2. Principal Place of Business - No P.O. Box</b> PRESIDENT HARLEY INC Suite, Apt. #, etc. 1057 CLEARVIEW AV City & State TAMPA FL Zip 33629 Country USA		<b>3. Mailing Address</b> 1057 CLEARVIEW AV Suite, Apt. #, etc. SAME City & State SAME Zip  Country  			
07172008 Chg-P CR2E034 (12/06)		<b>4. FEI Number</b> 20-0153413		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> STRICKLAND, BONNIE J 514 SOUTH ORLEANS AVENUE UNIT 2 TAMPA, FL 33606	
<b>7. Name and Address of New Registered Agent</b> Name: BONNIE J. STRICKLAND Street Address (P.O. Box Number is Not Acceptable): PRESIDENT HARLEY INC. 1057 CLEARVIEW AV. City: TAMPA FL Zip Code: 33606				<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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, BONNIE J 4904 W BAY WAY PLACE TAMPA, FL 33629	<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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					