

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000122514

1. Entity Name
STRICKLAND PAINTING CORPORATION



Principal Place of Business
121 EDGEWOOD DR
WINTER HAVEN, FL 33881-2704

Mailing Address
121 EDGEWOOD DR
WINTER HAVEN, FL 33881-2704



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0379932

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STRICKLAND, KEVIN
121 EDGEWOOD DR
WINTER HAVEN, FL 33881-2704

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STRICKLAND, SHARON
STREET ADDRESS 121 EDGEWOOD DR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE VD
NAME STRICKLAN, KEVIN
STREET ADDRESS 121 EDGEWOOD DR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE STD
NAME STRICKLAN, CONNIE
STREET ADDRESS 121 EDGEWOOD DR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME STRICKLAND, BRIAN
STREET ADDRESS 121 EDGEWOOD DR
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000346786
04/30/05-80090-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #