

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 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**



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number 20-0379932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

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05/10/06-80102-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Sharon Strickland - President 4/25/06 1-863-294-4358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #