## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000131194

FILED Apr 02, 2009 Secretary of State

Entity Name: STRAWBRIDGE CONSTRUCTION, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
625 SCHOOLHOUSE RD STE 2 LAKELAND, FL 33813					
Current Mailing Address:			New Mailing Address:		
625 SCHOOLHOUSE RD STE 2 LAKELAND, FL 33813					
FEI Number:	20-0783583	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address o	f Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A BOX #1212552 DELTONA, FL 32725 US			STRAWBRIDGE, REBECCA S 5058 SHADY LAKE LANE LAKELAND, FL 33813 US		
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.					
SIGNATURE: REBECCA S. STRAWBRIDGE				04/02/2009	
	Electi	ronic Signature of Registered Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D STRAWBRII 5058 SHAD LAKELAND,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D STRAWBRII 5058 SHADY LAKELAND,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		(X) Delete DGE, MICHAEL P / LAKE LANE FL 33813	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D	(X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: REBECCA S. STRAWBRIDGE D 04/02/2009

STRAWBRIDGE, OLIVER F III

5058 SHADY LAKE LANE

LAKELAND, FL 33813

Name:

Address:

City-St-Zip: