


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90145 037 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT # P03000131219</b>                            |  |
| 1. Entity Name<br><b>VINCENT F STRAWBRIDGE, III, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>521 YOUNG PLACE<br/>LAKELAND, FL 33813</b> | Mailing Address<br><b>521 YOUNG PLACE<br/>LAKELAND, FL 33813</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>822 West Hancock St.</b> | 3. Mailing Address<br><b>822 West Hancock St.</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                               |

|  |  |
|--|--|
| City & State<br><b>Lakeland, Florida</b> | City & State<br><b>Lakeland, Florida</b> |
| Zip<br><b>33803</b>                      | Zip<br><b>33803</b>                      |
| Country<br><b>U.S.A.</b>                 | Country<br><b>U.S.A.</b>                 |


|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>STRAWBRIDGE, VINCENT F III<br/>521 YOUNG PLACE<br/>LAKELAND, FL 33813</b> |  |
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04022006 Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>20-0783628</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |              |
|---|--------------|
| 7. Name and Address of New Registered Agent                                       |              |
| Name<br><b>Vincent F. Strawbridge III</b>   |              |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>822 West Hancock St.</b> |              |
| <b>Lakeland</b>   | <b>33803</b> |
| City  | Zip Code     |
| <b>FL</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. |                    |
| SIGNATURE  <b>Vincent F. Strawbridge III</b>   | DATE <b>4/3/06</b> |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>  |                    |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>STRAWBRIDGE, VINCENT F III<br/>521 YOUNG PLACE<br/>LAKELAND, FL 33813</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>STRAWBRIDGE, LAURA<br/>521 YOUNG PLACE<br/>LAKELAND, FL 33813</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SPOONER, ERIC<br/>521 YOUNG PLACE<br/>LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P<br/>Vincent F. Strawbridge III<br/>822 West Hancock St.<br/>Lakeland, FL 33803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S<br/>Laura Strawbridge<br/>822 West Hancock St.<br/>Lakeland, FL 33803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V<br/>Dustin Douglass<br/>1929 Cinnamon Dr.<br/>Lakeland, FL 33801</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:  <b>Vincent F. Strawbridge III</b> | DATE <b>4/3/06</b> | DAYTIME PHONE <b>(863) 616-9877</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                    |                                     |