

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000132516

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** STRICKLY INSTALLATIONS, INC.

**Current Principal Place of Business:**

519 N SAINT CLAIR ABRAMS AVE  
TAVARES, FL 32778 US

**New Principal Place of Business:**

6516 NE 351 HWY  
OLD TOWN, FL 32680 US

**Current Mailing Address:**

519 N SAINT CLAIR ABRAMS AVE  
TAVARES, FL 32778 US

**New Mailing Address:**

PO BOX 627  
OLD TOWN, FL 32680 US

**FEI Number:** 19-3544387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GETZ, JONATHAN  
519 N SAINT CLAIR ABRAMS AVE  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

GETZ, JONATHAN R  
6516 NE 351 HWY  
OLD TOWN, FL 32680 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:** JONATHAN R GETZ

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GETZ, JONATHAN R  
**Address:** 6516 NE 351 HWY  
**City-St-Zip:** OLD TOWN, FL 32680 US

I hereby 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 all other like empowered.

**SIGNATURE:** JONATHAN R GETZ

PD

03/22/2012

Electronic Signature of Signing Officer or Director

Date