
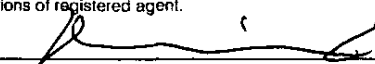



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90058 020 ***150.00

DOCUMENT # P03000149593			
1. Entity Name STRICKLAND PAINT & REPAIR, INC.			
Principal Place of Business 131 STANFORD ROAD VENICE, FL 34293 US		Mailing Address 131 STANFORD ROAD VENICE, FL 34293 US	
2. Principal Place of Business - No P.O. Box # 4313 Nizza CT		3. Mailing Address 4313 Nizza CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Venice FL		City & State Venice FL	
Zip 34293	Country Sarasota	Zip 34293	Country Sarasota
6. Name and Address of Current Registered Agent STRICKLAND, DENNIS W JR. 131 STANFORD ROAD VENICE, FL 34293		7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4313 Nizza Court City Venice FL Zip Code 34293	
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  DATE 3-14-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME STRICKLAND, DENNIS W JR.		NAME 4313 Nizza Ct Venice FL 34293	
STREET ADDRESS 131 STANFORD ROAD			
CITY-ST-ZIP VENICE, FL 34293			
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRICKLAND, CAROLYNNE C		NAME	
STREET ADDRESS 131 STANFORD ROAD		STREET ADDRESS	
CITY-ST-ZIP VENICE, FL 34293		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date 3-14-07 Daytime Phone # 544-7008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40053257



03112007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0475514

Applied For
Not Applicable

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