

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020037

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: STRAIT-LINE INC.

**Current Principal Place of Business:**

2892 SEMINOLE VILLAGE DR  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 65927  
ORANGE PARK, FL 32065 US

**New Mailing Address:**

FEI Number: 20-0674784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCKEAN, SHANNON I MRS  
2892 SEMINOLE VILLAGE DR  
MIDDLEBURG, FL 32068 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCKEAN, EARL  
Address: 2892 SEMINOLE VILLAGE DR  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP ( ) Delete  
Name: PENROD, BRAD  
Address: 2892 SEMINOLE VILLAGE DR  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: ST ( ) Delete  
Name: MCKEAN, SHANNON  
Address: 2892 SEMINOLE VILLAGE DR  
City-St-Zip: MIDDLEBURG, FL 32068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PENROD, BRAD  
Address: 2344 GERANIUM DR  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SHANNON MCKEAN

ST

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date