2006 FOR PROFIT CORPORATION

Jan 25, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P04000066090 STRICKLANDS ERECTION SERVICE, INC. Principal Place of Business Mailing Address 414 ELLIOTT ROAD 414 ELLIOTT ROAD BARTOW, FL 33830 US BARTOW, FL 33830 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1028818 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STRICKLAND, MALCOLM J 414 ELLIOTT RD. BARTOW, FL 33830

| DO | NOT | WRITE |
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FILED

Applied For

\$8.75 Additional

Fee Regulred

Not Applicable

| 8 The above | named entity submits this statement for the n | urnose of changing its registera | d office or s | ranistared apent in hi | oth, in the State of Florida. I am familiar with, and accept |
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| | ions of registered agent. | urhasa a cuwilinin na tagisia a | 3 0.110 0 0 1 | egisteren agent, or po | THE RELIES STATE OF FIGURE 1. 1 SEPTEMBER WITH, SING SUCCEPT |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | il applicable (NOTE: Registered | Agent signature | e required when reinstating) | OATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Finance Trust Fund Contribution. | oing 🔲 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
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| NAME | STRICKLAND, MALCOLM J | | | | |
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| CITY-ST-ZIP | BARTOW, FL 33830 | | | | |
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| 12. Thereby certify that the information supplied with this filling does not quality 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. | | | | | |

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR