


2005 FOR PROFIT CORP ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90116 038 ***158.75

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1. Entity Name
STRAWBRIDGE BUILDING CONTRACTORS, INC.



Principal Place of Business Mailing Address

6278 NORTH FEDERAL HIGHWAY #475 FORT LAUDERDALE, FL 33308 US **6278 NORTH FEDERAL HIGHWAY #475 FORT LAUDERDALE, FL 33308 US**

2. Principal Place of Business 3. Mailing Address

2031-C WILTON DR **2031-C WILTON DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

WILTON MANORS, FL **WILTON MANORS, FL**

Zip Country Zip Country

33305 BROWARD **33305 BROWARD**

04292005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

20-1066719 Not Applicable

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

6. Name and Address of Current Registered Agent

BEGGS, WILLIAM F
5300 NW 12TH AVE
12
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name **SCOTT STRAWBRIDGE**

Street Address (P.O. Box Number is Not Acceptable)

1400 CORAL RIDGE DR

City **Ft Lauderdale** FL Zip Code **33304**

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: *Scott Strawbridge Pres.* DATE: **4/29/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	STRAWBRIDGE, SCOTT G	6278 NORTH FEDERAL HIGHWAY	FORT LAUDERDALE, FL 33308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	SCOTT STRAWBRIDGE	1400 CORAL RIDGE DR	FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Scott Strawbridge* DATE: **4/29/05** DAYTIME PHONE: **954-567-1388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #