

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000088892

1. Entity Name
ROBERT & BONNIE STRONG ENTERPRISES, INC.



Principal Place of Business
**34639 ESTES RD
EUSTIS, FL 32726**

Mailing Address
**34639 ESTES RD
EUSTIS, FL 32726**



04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1202514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STRONG, BONNIE
34639 ESTES RD
EUSTIS, FL 32726**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRONG, ROBERT L
STREET ADDRESS	34639 ESTES RD
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	VD
NAME	STRONG, BONNIE K
STREET ADDRESS	34639 ESTES RD
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	SD
NAME	ARTHUR, JOHN W
STREET ADDRESS	34639 ESTES RD
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	TD
NAME	RIMERT, DEREK
STREET ADDRESS	34639 ESTES RD
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000521714
05/02/06-80148-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert L. Strong 4/13/06 (352) 516-0830