

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108716

FILED
Jan 16, 2007
Secretary of State

Entity Name: STRIPLING CONSTRUCTION, INC.

Current Principal Place of Business:

100 THURLES AVENUE
HAINES CITY, FL 33844 US

New Principal Place of Business:

100 THURLES AVE
HAINES CITY, FL 33844 US

Current Mailing Address:

POB 3909
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 20-1399147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRIPLING, MARTIN R SR.
100 THURLES AVENUE
HAINES CITY, FL 33844 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/D () Delete
Name: STRIPLING, WILLIAM L
Address: 215 E. PALMETTO STREET
City-St-Zip: DAVENPORT, FL 33837 US

Title: VP/D () Delete
Name: STRIPLING, COREY M
Address: 100 THURLES AVENUE
City-St-Zip: HAINES CITY, FL 33844 US

Title: T/D () Delete
Name: STRIPLING, MARTIN R SR.
Address: 100 THURLES AVENUE
City-St-Zip: HAINES CITY, FL 33844 US

Title: SD () Delete
Name: STRIPLING, CATHERINE
Address: 100 THURLES AVE
City-St-Zip: HAINES CITY, FL 33844

Title: VP () Delete
Name: STRIPLING, MARTIN RICHARD JR
Address: P O BOX 133
City-St-Zip: DAVENPORT, FL 338360133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM STRIPLING

P

01/16/2007

Electronic Signature of Signing Officer or Director

_____ Date