

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90055 027 \*\*\*158.75

DOCUMENT # P04000125096

1. Entity Name  
STRIKER CONTRACTING, INC.



Principal Place of Business  
7595 BAYMEADOWS CIR. WEST  
2006  
JACKSONVILLE, FL 32256

Mailing Address  
7595 BAYMEADOWS CIR. WEST  
2006  
JACKSONVILLE, FL 32256

50006258

2. Principal Place of Business

7524 Southside Blvd

Suite, Apt. #, etc.

905

City & State

Jacksonville Florida

Zip  
32256

Country

DUVAL

3. Mailing Address

7524 Southside Blvd

Suite, Apt. #, etc.

905

City & State

Jacksonville Florida

Zip  
32256

Country

DUVAL



01222005

Chg-P

CR2E034 (10/03)

4. FEI Number

32-0128517

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, JORGE L  
7595 BAYMEADOWS CIR. WEST  
2006  
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name: Jorge Luis Pena

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

7524 Southside Blvd #905

City: Jacksonville

FL

Zip Code

32256

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: *Jorge Luis Pena*

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

(NOTE: Registered Agent signature required when reinstating)

1/22/05

DATE

**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	P	<input type="checkbox"/> Delete
NAME	JORGE, LUIS PENA	
STREET ADDRESS	7595 BAYMEADOWS CIRCLE WEST SUIT 2006	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JORGE, LUIS PENA	
STREET ADDRESS	7595 BAYMEADOWS CIRCLE WEST SUIT 2006	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jorge Luis Pena	
STREET ADDRESS	7524 Southside Blvd #905	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL RODRIGUEZ	
STREET ADDRESS	7524 Southside Blvd #905	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jorge Luis Pena*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/05 904-237-9477  
Date Daytime Phone #