

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 007 ***150.00

DOCUMENT # P04000136513

1. Entity Name
YELLOW STRAWBERRY CCCR, INC.



Principal Place of Business
6151 LAKE OSPREY #11
SARASOTA, FL 34240

Mailing Address
6151 LAKE OSPREY #11
SARASOTA, FL 34240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1717821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEHAN, CAROLINE
6151 LAKE OSPREY #11
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name

CAROLINE BEHAN

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

6253 LAKE OSPREY DRIVE

City

SARASOTA

FL

Zip Code

34240

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

C. Behan

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

(NOTE: Registered Agent signature required when reinstating)

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 PRESIDENT ☐ Delete
NAME CAROLINE BEHAN
STREET ADDRESS 1166 FRASER PINE BLVD
CITY-ST-ZIP SARASOTA FL 34240

TITLE VICE-PRESIDENT ☐ Delete
NAME RICHARD WEINTRAUB
STREET ADDRESS 1413 WESTBROOK DRIVE
CITY-ST-ZIP SARASOTA FL 34231

TITLE SECRETARY ☐ Delete
NAME CORAL REAS
STREET ADDRESS 5284 PALM ISLES BLVD
CITY-ST-ZIP SARASOTA FL 34233

TITLE TREASURER ☐ Delete
NAME DESMOND BEHAN
STREET ADDRESS 1166 FRASER PINE BLVD
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *C. Behan* CAROLINE BEHAN, PRESIDENT 1/2/05 941378-0167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #