


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000149466 1. Entity Name STRASSER OF TENNESSEE, INC.			
Principal Place of Business 1030 NORTH U.S. 1 ORMOND BEACH FL 32176 US		Mailing Address 1030 NORTH U.S. 1 ORMOND BEACH FL 32176 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
6. Name and Address of Current Registered Agent GORNT0, BRADFORD B 149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA BEACH FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when changing) <small>Signature, typed or printed name of registered agent with title for applicability.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P. STRASSER, CHARLES L 1030 NORTH U.S. 1 ORMOND BEACH FL 32176	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000812121 02/12/08-80034-004 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MARTIN, JIM 508 CARPENTER DRIVE SEYMOUR TN 37865	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T STRASSER, GINA T 1031 NORTH U.S. 1 ORMOND BEACH FL 32176	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition



1st MOORE CR2E034 (10/07)

4. FEI Number **20-3811956**
 Applied For
 Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Charles L. Strasser* **2-1-08 386-673-7007**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Page No.