


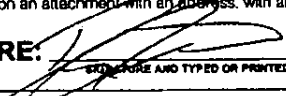
FILED
May 23, 2007 8:00 am
Secretary of State

5/1

05-01-2007 90003 017 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

66016331

DOCUMENT # P06000001585			
1. Entity Name STRAHL ENTERPRISES, INC.			
Principal Place of Business 7316 GUILFORD PINE LANE APOLLO BEACH, FL 33572		Mailing Address 7316 GUILFORD PINE LANE APOLLO BEACH, FL 33572	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STRAHL, CRAIG 7316 GUILFORD PINE LANE APOLLO BEACH, FL 33572		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when reappointing	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D STRAHL, DOUGLAS F <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAHL, DOUGLAS F	NAME	
STREET ADDRESS	1058 BRADSHAW ESTATES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CANTON, GA 30115	CITY-ST-ZIP	
TITLE	D STRAHL, JOAN R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAHL, JOAN R	NAME	
STREET ADDRESS	1058 BRADSHAW ESTATES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CANTON, GA 30115	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DOUGLAS F. STRAHL	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		4-29-2007 503,887.0529	
		Daytime Phone #	



04302007 Chg-P CR2E034 (12/06)

4. FEI Number **16-1745623** Applied For Not Applicable

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

SIGNATURE:

DOUGLAS F. STRAHL

4-29-2007 503,887.0529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #