

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90276 018 \*\*\*150.00

**DOCUMENT # P95000047959**

1. Entity Name  
**STRAWBERRY INVESTMENTS, INC.**



Principal Place of Business  
**3002 STRAWBERRY OFC.  
PASADENA, TX 77502 US**

Mailing Address  
**3002 STRAWBERRY OFC.  
PASADENA, TX 77502 US**

**20041583**



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3321132**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MAKRIS, PETER  
2110 DREW ST  
CLEARWATER, FL 34625**

**DO NOT WRITE  
IN THIS SPACE**

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 Peter Pappas

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

(NOTE: Registered Agent signature required when reinstating)

4/17/05

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 PD  
NAME PAPPAS, PETER  
STREET ADDRESS 3002 STRAWBERRY  
CITY-ST-ZIP PASADENA, TX 77502

TITLE SD  
NAME PAPPAS, BESSIE  
STREET ADDRESS 3002 STRAWBERRY  
CITY-ST-ZIP PASADENA, TX 77502

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Peter Pappas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/05 713-946-49

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