

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000071689 1. Entity Name STRATEGIC INVESTING GROUP, INC.	
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Principal Place of Business 701 COLORADO AVENUE STUART, FL 34994	Mailing Address 701 COLORADO AVENUE STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0604005	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPRAKER, MIKEL C
701 COLORADO AVENUE
STUART, FL 34994

**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

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

(NOTE: Registered Agent signature required when reinstating)

1/9/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEHLICH, GERALD 701 COLORADO AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROEGIERS STEPHEN 701 COLORADO AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SPRAKER, MIKEL 701 COLORADO AVENUE STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOLDIN, GENE 701 COLORADO AVENUE STUART, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/04-80006-014 150.00

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/04 772-743-7444