

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078053

FILED
Mar 09, 2006
Secretary of State

Entity Name: STRING ENTERPRISE, INC.

Current Principal Place of Business:

8211 OLD KINGS RD
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

8211 OLD KINGS RD
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3351158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, ROBERT A
1 SLEIMAN PARKWAY
STE. 280
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, SR, ROBERT L
Address: 8241 OLD KINDS ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, SR, ROBERT L
Address: 8211 OLD KINDS ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: DIR () Change (X) Addition
Name: BROWN, JR, ROBERT L
Address: 8211 OLD KINDS ROAD
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BROWN, JR.

DIR

03/09/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date