2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90062 041 ***150.00

DOCUMENT # P95000096386

1. Entity Name

STRAWBERRY SQUARE, INC.

Principal Place of Business	Mailing Address
4401 BOOT BAY ROAD PLANT CITY FL 33563	4401 BOOT BAY ROAD PLANT CITY FL 33563

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3349002 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HORNE, NICKI
109 CROSS TRAIL
PLANT CITY FL 33567

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~SMITH, THOMAS A~~ ~~210 VINE STREET~~ ~~BUSHNELL FL 33513~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEAUVAIS, ARTHUR 111 VINE ST. PLANT CITY, FL 33563	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~TALBOT, RONALD~~ ~~116 ALLEMANDE DRIVE~~ PLANT CITY FL 33563	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES RUMMEL, ROBINSON 109 ALLEMANDE DRIVE PLANT CITY, FL 33563	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOOPLE, MARGE 118 VINE STREET PLANT CITY FL 33563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HORNE, NICKI 109 CROSS TRAIL PLANT CITY FL 33563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~NIEVES, OLGA~~ ~~111 FLETCHER LANE~~ PLANT CITY FL 33563	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLINE, ARTHUR 108 VINE ST. PLANT CITY, FL 33563	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~COLE, MARCY~~ ~~101 CROSS TRAIL~~ PLANT CITY FL 33567	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MARY 115 FLETCHER LN PLANT CITY FL 33563	☑ Change ☑ Addition

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: Nicoli K. Horne / Nicoli K. Horne 1-26-2004 813-752-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #