

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90018 017 ***150.00

DOCUMENT # P95000096386

1. Entity Name
STRAWBERRY SQUARE, INC.



40009884

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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3349002 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **VP** Delete
 NAME: **BEAUVAIS, ARTHUR**
 STREET ADDRESS: **111 VINE ST.**
 CITY-ST-ZIP: **PLANT CITY, FL 33563**

TITLE: **PRESIDENT** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **P** Delete
 NAME: **RUMMEL, ROBINSON**
 STREET ADDRESS: **109 ALLEMANDE DR.**
 CITY-ST-ZIP: **PLANT CITY, FL 33563**

TITLE: **DIRECTOR** Change Addition
 NAME: **ERIK PEDERSEN**
 STREET ADDRESS: **110 VINE STREET**
 CITY-ST-ZIP: **Plant City FL 33563**

TITLE: **SD** Delete
 NAME: **HOOPLER, MARGE**
 STREET ADDRESS: **118 VINE STREET**
 CITY-ST-ZIP: **PLANT CITY, FL 33563**

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **KLINE, ARTHUR**
 STREET ADDRESS: **108 VINE ST.**
 CITY-ST-ZIP: **PLANT CITY, FL 33563**

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **SMITH, MARY**
 STREET ADDRESS: **115 FLETCHER LN.**
 CITY-ST-ZIP: **PLANT CITY, FL 33563**

TITLE: **VICE PRESIDENT** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **COLE, MARCY**
 STREET ADDRESS: **101 CROSS TRAIL**
 CITY-ST-ZIP: **PLANT CITY, FL 33567**

TITLE: **Director** Change Addition
 NAME: **Robert SWITZER**
 STREET ADDRESS: **4401 BOOT BAY RD #C-32**
 CITY-ST-ZIP: **Plant City, FL 33563**

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: Nicki K. Horne Nicki K. Horne 1-28-05 (813) 752-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Treasurer