


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90018 028 ***150.00

DOCUMENT # P95000096386
 1. Entity Name
STRAWBERRY SQUARE, INC.



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

1st MOORE CR2E034 (10/05)
 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 **SMITH, MARY**
 Street Address (P.O. Box Number is Not Acceptable) **115 FLETCHER LANE**
 City **PLANT CITY** FL Zip Code **33563**

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 Mary J. Smith VICE PRESIDENT
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, 2006 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BEAUVAIS, ARTHUR	
STREET ADDRESS	111 VINE ST.	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEDERSEN, ERIK	
STREET ADDRESS	110 VINE STREET	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOOPLE, MARGE	
STREET ADDRESS	118 VINE STREET	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLINE, ARTHUR	
STREET ADDRESS	108 VINE ST.	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, MARY	
STREET ADDRESS	115 FLETCHER LN.	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWITZER, ROBERT	
STREET ADDRESS	4401 BOOT BAY RD # C-32	
CITY-ST-ZIP	PLANT CITY FL 33563	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP TERRI	
STREET ADDRESS	4401 BOOT BAY RD C-45	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, ADA MAE	
STREET ADDRESS	117 ALLEMANDE DR.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUPPEL REBA	
STREET ADDRESS	105 CROSS TRAIL	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUFF, DON	
STREET ADDRESS	4401 BOOT BAY RD #C-16	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN, WINDA	
STREET ADDRESS	4401 BOOT BAY RD #C-49	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIEBIGER, BILL	
STREET ADDRESS	111 CROSS TRAIL	
CITY-ST-ZIP	PLANT CITY, FL 33563	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Arthur Beauvais 3-8-06 813 752-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #