


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90076 033 \*\*\*150.00

<b>DOCUMENT # P95000096386</b>					
1. Entity Name STRAWBERRY SQUARE, INC.					
Principal Place of Business 4401 BOOT BAY ROAD PLANT CITY, FL 33563			Mailing Address 4401 BOOT BAY ROAD PLANT CITY, FL 33563		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3349002	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SMITH, MARY 115 FLETCHER LANE PLANT CITY, FL 33563			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAUVAIS, ARTHUR		NAME	HUFF DON	
STREET ADDRESS	111 VINE ST.		STREET ADDRESS	115 ALLEMANDE DR	
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, TERRI		NAME	LYNN, LINDA	
STREET ADDRESS	4401 BCOT PAY RD C-45		STREET ADDRESS	4401 BOOT BAY RD C-49	
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, ADA MAE		NAME	Walker, Frances	
STREET ADDRESS	117 ALLEMANDE DR.		STREET ADDRESS	109 Fletcher Lane	
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP	Plant City, FL 33563	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPPEL, REBA		NAME		
STREET ADDRESS	105 CROSS TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARY		NAME		
STREET ADDRESS	115 FLETCHER LN.		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWITZER, ROBERT		NAME		
STREET ADDRESS	4401 BOOT BAY RD # C-32		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ADA MAE ROGERS <i>Ada Mae Rogers</i>			Date: 1/08/07		Daytime Phone #: (813) 752-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					