

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096386

FILED
Apr 17, 2009
Secretary of State

Entity Name: STRAWBERRY SQUARE, INC.

Current Principal Place of Business:

4401 PROMENADE BLVD
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

4401 PROMENADE BLVD
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 59-3349002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MARY
1453 ALAMO DRIVE
PLANT CITY, FL 33563 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: P () Delete
Name: BEAUVAIS, ARTHUR
Address: 4287 PROMENADE BLVD
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: BISHOP, TERRI
Address: 1457 ALLEMANDE DRIVE
City-St-Zip: PLANT CITY, FL 33563

Title: TD () Delete
Name: ROGERS, ADA MAE
Address: 1451 ALLEMANDE DR.
City-St-Zip: PLANT CITY, FL 33563

Title: SD () Delete
Name: RUPPEL, REBA
Address: 4385 SASHAY LANE
City-St-Zip: PLANT CITY, FL 33563

Title: V () Delete
Name: SMITH, MARY
Address: 1453 ALAMO DRIVE
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: SWITZER, ROBERT
Address: 1397 RONDE LOOP
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KELLEY, DORIS
Address: 4249 PROMENADE BLVD
City-St-Zip: PLANT CITY, FL 33563

Title: PD (X) Change () Addition
Name: BISHOP, TERRI
Address: 1457 ALLEMANDE DRIVE
City-St-Zip: PLANT CITY, FL 33563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HUFF, DONALD
Address: 1453 ALLEMANDE DRIVE
City-St-Zip: PLANT CITY, FL 33563

Title: D (X) Change () Addition
Name: OGILVIE, DONALD
Address: 1454 ALAMO
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify 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: ADA MAE ROGERS

_____ Electronic Signature of Signing Officer or Director

TREA

04/17/2009

_____ Date