

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096386

Entity Name: STRAWBERRY SQUARE, INC.

FILED
Apr 08, 2011
Secretary of State

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:

STATZER, LISA
4401 PROMENADE BLVD.
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

OFFICERS AND DIRECTORS:

Title: PD
Name: RICHARDSON, DENISE S
Address: 1381 RONDE LOOP
City-St-Zip: PLANT CITY, FL 33563

Title: SD
Name: PRICE, SUZANNE
Address: 4240 PROMENADE BLVD.
City-St-Zip: PLANT CITY, FL 33563

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

Title: VD
Name: STEWART, PATRICIA
Address: 4244 PROMENADE BLVD
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: GROFF, CHARLES D
Address: 1448 RONDE LOOP
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: OGILVIE, DONALD
Address: 1454 ALAMO DR
City-St-Zip: PLANT CITY, FL 33563

I hereby 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 all other like empowered.

SIGNATURE: ADA MAE ROGERS

TREA

04/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date