


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-08-2006 90279 037 ***150.00

DOCUMENT # P96000015973					
1. Entity Name S.R. ADVERTISING, INC.					
Principal Place of Business 8363 SW 63RD AVE. BUSHNELL FL 33513			Mailing Address P. O. BOX 9 NOBLETON FL 34661		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0638311	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RYAN, WILLIAM 8363 SW 63RD AVE. BUSHNELL FL 33513				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, WILLIAM		NAME		
STREET ADDRESS	8363 SW 63RD AVE.		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL 33513		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, WILLIAM D JR.		NAME	Chad Markland	
STREET ADDRESS	8363 SW 63 AVE.		STREET ADDRESS	8363 SW 63RD AVE.	
CITY-ST-ZIP	BUSHNELL FL 33513		CITY-ST-ZIP	Bushnell, FL, 33513	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONIECZKA, STEVEN J		NAME		
STREET ADDRESS	8363 SW 63 AVE.		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL 33513		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>X [Signature]</i>			Date: 4-28-06 352-344-4000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		