

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000031686

1. Entity Name
STRICKLAND DEVELOPMENT CORPORATION



Principal Place of Business

**3399 PGA BLVD.
SUITE 260
W. PALM BEACH, FL 33410 US**

Mailing Address

**3399 PGA BLVD.
SUITE 260
W. PALM BEACH, FL 33410 US**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0656559

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHAFFER, MARGARET B
3399 PGA BLVD.
SUITE 260
W PALM BEACH, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	SHAFFER, JOHN
STREET ADDRESS	3399 PGA BLVD STE 260
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	DV
NAME	BAYER, CHARLES M JR
STREET ADDRESS	3399 PGA BLVD STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DPT
NAME	SHAFFER, MARGARET B
STREET ADDRESS	3399 PGA BLVD STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	STEVENS, CHARLES H
STREET ADDRESS	3399 PGA BLVD STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80068-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John R. Shaffer
JOHN R. SHAFFER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #