

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90043 049 ***150.00

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01262005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3466605** Applied For ☐ Not Applicable ☒

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

DOCUMENT # P97000077472

1. Entity Name
STRONG/PINEHURST, INC.



Principal Place of Business
**1201 SOUTH ORLANDO AVENUE
SUITE 360
WINTER PARK, FL 32789**

Mailing Address
**1201 SOUTH ORLANDO AVENUE
SUITE 360
WINTER PARK, FL 32789**

2. Principal Place of Business
**1000 N. Orlando Avenue
Suite, Apt. #, etc.
Suite D**

3. Mailing Address
**1000 N. Orlando Avenue
Suite, Apt. #, etc.
Suite D**

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789 Country **USA**

Zip
32789 Country **USA**

6. Name and Address of Current Registered Agent

**STRONG, DAVID C
1201 SOUTH ORLANDO AVENUE
SUITE 360
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1000 N. Orlando Avenue

Suite D

City
Winter Park **FL** Zip Code
32789

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 **3/22/05**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, DAVID C 1201 SOUTH ORLANDO STE. 360 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 N. Orlando Ave., Ste D Winter Park, FL 32789 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **David C. Strong** **3/22/05** **407-629-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #