


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000053380 1. Entity Name STRAUBINGER, INC.		
Principal Place of Business 1737 SOUTH ORANGE AVENUE ORLANDO FL 32806 US		Mailing Address 1737 SOUTH ORANGE AVENUE ORLANDO FL 32806 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
4. FEI Number 59-3517175		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent STRAUBINGER, PAUL G 1737 SOUTH ORANGE AVENUE ORLANDO FL 32806	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
	State FL Zip Code

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 _____ DATE _____

Signature typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when substituting.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUBINGER, PAUL G	NAME	
STREET ADDRESS	1737 SOUTH ORANGE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

000000823347
 02/20/08-80034-014 \$150.00 Addition

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: PKK PSTD - PAUL G. STRAUBINGER 1-28-08 407.650.8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation