

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90027 027 ***150.00

DOCUMENT # P98000059399 1. Entity Name PAUL A. STRASKE, P.A.																															
Principal Place of Business 442 W. KENNEDY BLVD., SUITE 340 TAMPA, FL 33606 US		Mailing Address 442 W. KENNEDY BLVD., SUITE 340 TAMPA, FL 33606 US																													
2. Principal Place of Business - No P.O. Box # 1505 W. EVELYN DR		3. Mailing Address 1505 W. EVELYN DR																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																													
City & State TAMPA FL		City & State TAMPA FL																													
Zip 33609		Zip 33609																													
Country HILLSBOROUGH		Country HILLSBOROUGH																													
4. FEI Number 59-3521565		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent STRASKE, PAUL A 442 W. KENNEDY BLVD., SUITE 340 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name STRASKE, PAUL A. Street Address (P.O. Box Number is Not Acceptable) 5105 W. EVELYN DR City TAMPA FL Zip Code 33609																													
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D STRASKE, PAUL A 5105 EVELYN DRIVE TAMPA, FL 33609 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRASKE, PAUL A 5105 EVELYN DRIVE TAMPA, FL 33609 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRASKE, PAUL A 5105 EVELYN DRIVE TAMPA, FL 33609 <input type="checkbox"/> Delete																														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: PAUL A. STRASKE		Date 03/03/08 Daytime Phone # 813-286-1623																													