

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90345 032 ***150.00

DOCUMENT # P98000079193

1. Entity Name

STRATEN ENTERPRISES OF BAY COUNTY, INC.



Principal Place of Business

2804 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444

Mailing Address

2804 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444

14001403



MOORE

CR2E034 (11/03)

2. Principal Place of Business

415 KENTUCKY AVE

3. Mailing Address

415 KENTUCKY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

City & State

LYNN HAVEN, FL

4. FEI Number

59-3536013

Applied For

Not Applicable

Zip

32444

Country

USA

Zip

32444

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRATEN, HARALD
2804 COUNTRY CLUB DRIVE
PANAMA CITY FL 32444

7. Name and Address of New Registered Agent

Name STRATEN, HARALD

Street Address (P.O. Box Number is Not Acceptable)

415 KENTUCKY AVE

City LYNN HAVEN

FL

Zip Code

32444

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, 2004 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME STRATEN, HARALD
STREET ADDRESS 2804 COUNTRY CLUB DRIVE
CITY-ST-ZIP PANAMA CITY FL 32444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STRATEN, HARALD
STREET ADDRESS 415 KENTUCKY AVE
CITY-ST-ZIP LYNN HAVEN, FL 32444 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H. Straten #. STRATEN

04-05-04

850-966-2438