

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90026 028 ***150.00

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1. Entity Name

STRASSER ORMOND PROPERTIES, INC.

Principal Place of Business

1253 ORCHARD ST
ORMOND BEACH FL 32176

Mailing Address

1200 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

2. Principal Place of Business

125 S Orchard St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32176

Country

Zip

Ormond Beach, FL

Country

4. FEI Number

59-3562030

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRASSER, CHARLES H
1200 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

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

City

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

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

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 PST ☐ Delete
NAME STRASSER, CHARLES H
STREET ADDRESS 1200 JOHN ANDERSON DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE VP ☐ Delete
NAME STRASSER, SCOTT B
STREET ADDRESS 434 S. BEACH STREET
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ST ☒ Delete
NAME ~~STRASSER, CHARLES~~
STREET ADDRESS ~~1200 JOHN ANDERSON DR~~
CITY-ST-ZIP ~~ORMOND BEACH FL 32176~~

TITLE ☐ Delete
NAME **ST STRASSER Charles L**
STREET ADDRESS **1316 John Anderson Dr**
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Charles H Strasser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05

Date

(386) 441-1571

Daytime Phone #