

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000108332

1. Entity Name

STRASSER ORMOND PROPERTIES, INC.



Principal Place of Business

125 S. ORCHARD ST
ORMOND BEACH FL 32176

Mailing Address

P.O. BOX 4097
ORMOND BEACH FL 32175



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-3562030

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRASSER, CHARLES L
1316 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

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 reconstituting)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input type="checkbox"/> Delete
NAME	STRASSER, HELEN R	
STREET ADDRESS	1200 JOHN ANDERSON DRIVE	
CITY- ST- ZIP	ORMOND BEACH FL 32176	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STRASSER, SCOTT B	
STREET ADDRESS	434 S. BEACH STREET	
CITY- ST- ZIP	ORMOND BEACH FL 32174	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	STRASSER, CHARLES L	
STREET ADDRESS	1316 JOHN ANDERSON DR	
CITY- ST- ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

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03/11/08-80016-002 150.00

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:

Charles L Strasser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08 386-673-7007

Date

Daytime Phone #