

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90042 027 ***158.75

DOCUMENT # P99000000710

1. Entity Name

STRICKLAND CONSTRUCTION GROUP, INC.



Principal Place of Business

794 BIG TREE DRIVE
SUITE 102
LONGWOOD FL 32750

Mailing Address

794 BIG TREE DRIVE
SUITE 102
LONGWOOD FL 32750

14002274



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1151 DUNCAN DRIVE

3. Mailing Address

1151 DUNCAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER SPRINGS FL

City & State

WINTER SPRINGS FL

Zip

32708

Country

USA

Zip

32708

Country

USA

4. FEI Number

59-3560648

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD
SUITE 100
MAITLAND FL 32751

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, 2004 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	PTD	<input type="checkbox"/> Delete
NAME	STRICKLAND, LARRY M	
STREET ADDRESS	794 BIG TREE DRIVE, SUITE 102	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRICKLAND, LAURIE K	
STREET ADDRESS	794 BIG TREE DRIVE, SUITE 102	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, LARRY M.	
STREET ADDRESS	1151 DUNCAN DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, LAURIE K.	
STREET ADDRESS	1151 DUNCAN DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY M. STRICKLAND
PRESIDENT

03/16/04 407/647-7715

Date

Daytime Phone #