## 2007 FOR PROFIT CORPORATION .... ANNUAL REPORT

## **DOCUMENT # P99000000710**

Entity Name

STRICKLAND CONSTRUCTION GROUP, INC.



FILED Feb. 27, 2007 08:00 AM Secretary of State

Principal Place of Business

1151 DUNCAN DR. WINTER SPRINGS, FL 32708 Mailing Address

1151 DUNCAN DR. WINTER SPRINGS, FL 32708



01072007

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

## DO NOT WRITE IN THIS SPACE

MAITLAND, FL 32751			IN THIS SPACE		
	enamed entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STRICKLAND, LARRY M 1151 DUNCAN DR. WINTER SPRINGS, FL 32708			U00000650335 03/08/07-80009-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRICKLAND, LAURIE K 1151 DUNCAN DR, WINTER SPRINGS, FL 32708		i		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filling 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 of the receiver of 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 pother like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

President
SIGNATUJE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

arry M. Strickland resident 02/02/07

Date

407/365-6573

D

Daytime Phone #