

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000007937																																										
1. Entity Name STRL CORP.																																										
Principal Place of Business 1100 S FED HWY STUART, FL 34994	Mailing Address 1592 SE OCEAN LANE PORT SAINT LUCIE, FL 34983																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent WACKEN, W T 1100 S FED HWY STUART, FL 34994		DO NOT WRITE IN THIS SPACE																																								
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, Name and Address of the Registered Agent		DATE _____ Date of Registration																																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>GIERSDORF, RODNEY L</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1592 SE OCEAN LANE</td> </tr> <tr> <td>CITY ST ZIP</td> <td>PORT SAINT LUCIE, FL 34983</td> </tr> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>GIERSDORF, SHARON T</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1592 SE OCEAN LANE</td> </tr> <tr> <td>CITY ST ZIP</td> <td>PORT SAINT LUCIE, FL 34983</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> </tr> </table>		TITLE	D	NAME	GIERSDORF, RODNEY L	STREET ADDRESS	1592 SE OCEAN LANE	CITY ST ZIP	PORT SAINT LUCIE, FL 34983	TITLE	D	NAME	GIERSDORF, SHARON T	STREET ADDRESS	1592 SE OCEAN LANE	CITY ST ZIP	PORT SAINT LUCIE, FL 34983	TITLE		NAME		STREET ADDRESS		CITY ST ZIP		TITLE		NAME		STREET ADDRESS		CITY ST ZIP		TITLE		NAME		STREET ADDRESS		CITY ST ZIP		DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a - other - the empowered.																																										
SIGNATURE: <u>Rodney L. Giersdorf</u>		<u>RODNEY L. GIERSDORF</u> PRES																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																										



01102005 No Chg-P CR2E034 (10/03)

4. FCI Number
65-0997334

Approved For
Not Approved

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000189285
01/24/05-80090-015 150.00