## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P99000074704** 

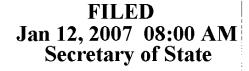
C. D. STROUD ENTERPRISES, INC.



Principal Place of Business

2709 N.W. 19TH ST. FT. LAUDERDALE, FL 33311 Mailing Address

9470 W. BOYNTON BCH. BLVD. BOYNTON BEACH, FL 33437





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| 01042007    | No Chg-P | CR2E034 (11/05) |
|-------------|----------|-----------------|
| ▲ FE) Numbe | ,        | Applied For     |

65-0970431 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

STROUD, SUZZETTE K 9470 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437

## DO NOT WRITE IN THIS SPACE

| 8. The above  | named entity submits this statement for the p  | urpose of changing its reg | istered office or re | egistered agent, or bo | th, 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 lattle if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE   |  |                            |                      |                        |   |  |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Trust Fund Contribution.   |  |                            |                      |                        |   |  |  |
| 10.   | OFFICERS AND DIREC   | TORS                       |                      |                        |   |  |  |
| FITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>STROUD, CARLTON D<br>9470 W. BOYNTON BEACH BLVD.<br>BOYNTON BEACH, FL 33311    |                            |                      |                        |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VSTD<br>STROUD, SUZZETTE K<br>9470 W. BOYNTON BEACH BLVD.<br>BOYNTON BEACH, FL 33311 |                            |                      |                        |   |  |  |
| 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 NAME STREET ADDRESS CITY-ST-ZIP   |  |                            |                      |                        |   |  |  |
| 12. Thereby certify that the information supplied with this filing 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 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. |  |                            |                      |                        |   |  |  |