

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085435

FILED
Jan 20, 2006
Secretary of State

Entity Name: STRIKE FORCE LIGHTNING RODS, INC.

Current Principal Place of Business:

2 BENT STREAM WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

2 BENT STREAM WAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3601266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONO, MICHAEL G
2 BENT STREAM WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BONO, MICHAEL G
Address: 2 BENT STREAM WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: FAVALE, VINCENT
Address: 1080 LANDERS STREET
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BONO

PRES

01/20/2006

Electronic Signature of Signing Officer or Director

Date