2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

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DOCUMENT # P99000097318 1. Enlity Name STRANGE LATHING & PLASTERING, INC.					02-14-200 U&\$JU=	08 90024	019 ***1	50.00	
Principal Plac	e of Business	Mailing Address		_ գ,⊍	0 00 2 0				
112 ABERHARD AVENUE 1		112 ABERHARD AVENUE PALATKA, FL 32177	•						
Principal Place of Business - No P.O. Box #		PO PX	507						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132008	Chg-P	CR2E0	34 (12/06)		
City & Stat	e	POPOSTA	Fl.	4. FEI Number 59-360			ļt	plied For at Applicable	
Zip	Country	32178	Country A		of Status Desired		\$8.75 Add	litional	
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New		•		
STRANGE, HARRIETT									
112 ABERHARD AVENUE PALATKA, FL 32177			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
ו אפארוסי,	1 6 02177								
			City			FL	Zip Cod		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regis	stered agent, or bot	h, in the State of F	lorida. I am f	amiliar with,	and accept	
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent a	rid titla if applicable. (NOTP:	Registered Agent syncature regi	ured when reinstalling)		DATE	•	 -	
SIGNATURE	Signature, typed or printed name of registered agent a	nd tite if applicable. (NOTE: I	Registered Agent signature requ	uired when reinstating)		DATE	•.	 -	
FIL	Signature. Nood or printed name of registered agent a E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig	n Financing	55.00 May Be Added to Fees		DATE	<u> </u>		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contrib	n Financing	55.00 May Be Added to Fees	CHANGES TO OF		DIRECTOR:	S IN 11	
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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.

SIGNATURE. A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRPOTOR

FCD 8,2008

Daytime Phone #