

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-14-2008 90024 019 ***150.00

DOCUMENT # P99000097318

1. Entity Name
STRANGE LATHING & PLASTERING, INC.



Principal Place of Business
**112 ABERHARD AVENUE
PALATKA, FL 32177**

Mailing Address
**112 ABERHARD AVENUE
PALATKA, FL 32177**

2. Principal Place of Business - No P.O. Box #

2. Mailing Address

P.O. Box 507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132008

Chg-P

CR2E034 (12/06)

City & State

Palatka, FL

4. FEI Number

59-3605612

Applied For

Not Applicable

Zip

Country

32178

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRANGE, HARRIETT
112 ABERHARD AVENUE
PALATKA, FL 32177**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STRANGE, JONATHAN**
STREET ADDRESS **112 ABERHARD AVENUE**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **STRANGE, HARRIET**
STREET ADDRESS **112 ABERHARD AVENUE**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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: *Harriett Strange*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8, 2008

Date

Daytime Phone #