2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # S29519

1. Entity Name
STRINGER MANAGEMENT, INC.

Principal Place of Business
6524 SUPERIOR AVE
SUITE 202
SARASOTA, FL 34231 US

Mailing Address
3400 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 US

01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0239105
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRINGER MGMT INC
6524 SUPERIOR AVE
SARASOTA, FL 34231

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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 _____ DATE
(If changing Registered Agent, this signature must be that of the new registered agent and must be typed or printed.)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UUUUU604209
01/23/07-80045-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVST
NAME	STRINGER, JOAN C
STREET ADDRESS	6524 SUPERIOR AVE
CITY ST ZIP	SARASOTA, FL 34231
TITLE	P
NAME	HOLLINGER, MARGARET D
STREET ADDRESS	6524 SUPERIOR AVE
CITY ST ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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

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: Margaret D Hollinger 1/23/07 941 922 4959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #