2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90024 019 ***150.00

DOCUMENT # S29519

1. Entity Name
STRINGER MANAGEMENT, INC.

Principal Place of Business	Mailing Address
6524 SUPERIOR AVE SUITE 202 SARASOTA, FL 34231 US	3400 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239 US

01212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box # 6524 Superior Ave	3. Mailing Address 6524 Superior Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Sarasota FL
City & State Sarasota FL	City & State
Zip 34231 Country USA	Zip 34231 Country USA

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	7. Name and Address of New Registered Agent
STRINGER MGMT INC 6524 SUPERIOR AVE SARASOTA, FL 34231	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 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 NAME STREET ADDRESS CITY ST ZIP	DVST STRINGER, JOAN C 6524 SUPERIOR AVE SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P HOLLINGER, MARGARET D 6524 SUPERIOR AVE SARASOTA, FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP ☐ Change ☐ Addition
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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 Hollinger 1/28/08 941 922 4959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #