

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90359 031 \*\*\*150.00

**DOCUMENT # S35699**

1. Entity Name  
**ACQUISITION STRATEGIES, INC.**



Principal Place of Business  
**709 GUI SANDO DE AVILA  
TAMPA, FL 33613 US**

Mailing Address  
**709 GUI SANDO DE AVILA  
TAMPA, FL 33613 US**

**DO NOT WRITE IN THIS SPACE**

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3067529**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JORDAN, PAMELA S  
2826 HAWTHORNE RD  
TAMPA, FL 33611**

**CHANGE :- 709 Guisando de Avila  
Address Tampa FL 33613**

**DO NOT WRITE  
IN THIS SPACE**

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]* **PAMELA JORDAN,  
Registered Agent.**

*4/10/05*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **JORDAN, PAMELA S**  
STREET ADDRESS **709 GUI SANDO DE AVILA**  
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **ST**  
NAME **WOLF, THOMAS G**  
STREET ADDRESS **709 GUI SANDO DE AVILA**  
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*[Signature]* **PAMELA JORDAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/05* *813 968 9792*  
Date Daytime Phone #