2008 FOR PROFIT CORPORATION

FILED Mar 17, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # V68967 1. Entity Name C.W. STRICKLAND, INC. STATE GENERAL CONTRACTOR Principal Place of Business Mailing Address 6750 NW 138TH PL 6750 NW 138TH PL CHIEF LAND, FL 32626 CHIEF LAND, FL 32626 01182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0362577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, MICHAEL DO NOT WRITE 6750 NW 138TH PL CHIEFLAND, FL 32626 IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioriga, I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MARTIN, MICHAEL STREET ADDRESS 5150 NW 140TH ST U00000862673 CITY-ST-ZIP CHIEFLAND, FL 32626 04/03/08-80056-031 300.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE: CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 securate 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR