


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 573687 1. Entity Name STRIPE-RITE ENTERPRISES, INC.					
Principal Place of Business 907 E SKAGWAY TAMPA FL 33604 US			Mailing Address P. O. BOX 82100 TAMPA FL 33682-2100 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1824336	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROLAND, PINAN, JR. 441 HARBOR DR N INDIAN ROCKS BEACH FL 33785			Name Street Address (P O Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	PINAN, ROLAND JR		NAME		
STREET ADDRESS	441 HARBOR DR N		STREET ADDRESS		
CITY - ST - ZIP	INDIAN ROCKS BEACH FL 33785		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	PALMATEER, CHRIS J		NAME		
STREET ADDRESS	1423 TIVERTON DRIVE		STREET ADDRESS		
CITY - ST - ZIP	BRANDON FL 33511		CITY - ST - ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	PINAN, CAMILLA S		NAME		
STREET ADDRESS	441 HARBOR DR N		STREET ADDRESS		
CITY - ST - ZIP	INDIAN ROCKS BEACH FL 33785		CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Roland Pinan Jr</i>			Date: <i>2-05-2006</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone # <i>813-933-9091</i></small>		



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1824336** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P O Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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SIGNATURE: *Roland Pinan Jr* Date: *2-05-2006* Daytime Phone #: *813-933-9091*