

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90035 048 ***150.00

DOCUMENT # F96000006266

1. Entity Name

THE STRIPALL COMPANY, INC.



Principal Place of Business

1606 HAMPTON PLACE
ORANGE PARK FL 32003

Mailing Address

1606 HAMPTON PLACE
ORANGE PARK FL 32003

50027187



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1101139

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

HUNT, STEVE M
1606 HAMPTON PLACE
ORANGE PARK FL 32073

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
P
HUNT, STEVE
1606 HAMPTON PLACE
ORANGE PARK FL 32073 32003 ☐ Delete

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1606 HAMPTON PLACE
ORANGE PARK FL 32073 32003 ☐ Delete

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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:

Steve Hunt

Holly Hunt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-05

Date

904-269-3781

Daytime Phone #