

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02360

FILED
Apr 30, 2005
Secretary of State

Entity Name: 39 STRIPES, INC.

Current Principal Place of Business:

6188 CHESHAM DRIVE
#4
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6188 CHESHAM DRIVE
#4
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-2439204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERLONG, STEVE
6188 CHESHAM DRIVE
#4
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HENDERLONG, STEVE
Address: 6188 CHASHAM DRIVE, #4
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD () Delete
Name: COSTA, JOSEPH
Address: 4430 LAUREL CREEK ROAD
City-St-Zip: BANNER ELK, NC 28604

Title: SD () Delete
Name: KAPANIRIS, JOHN
Address: 36750 US HWY 19 N
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: DIBIASE, JOEY
Address: 264 LESLIE LANE
City-St-Zip: BANNER ELK, NC 28604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE HENDERLONG

PTD

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date