

2005 FOR-PROFIT CORPORATION ANNUAL REPORT


8/2

FILED
Sep 12, 2005 8:00 am
Secretary of State

08-30-2005 90031 025 ***550.00

DOCUMENT # P01000005329

1. Entity Name
THE STRIPED APRON, INC.



Principal Place of Business 463 WEST NEW ENGLAND WINTER PARK, FL 32789	Mailing Address 463 WEST NEW ENGLAND WINTER PARK, FL 32789
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66027204



08102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3691577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KIRSH, RICK D - Atlantic Coast
1384 AVERSWOOD CT. P.O. Box 2066
WINTER SPRINGS, FL 32708
601 N. New York Winter Park, FL
Ave Winter Park FL 32789

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: *R. Kirsh* DATE: **9/1/05**

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

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

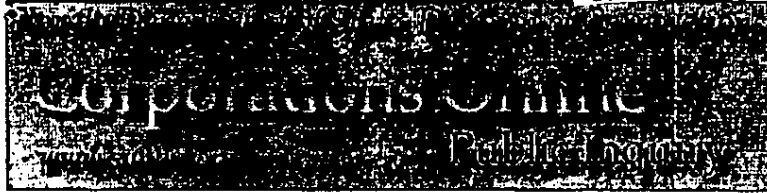
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, GLENN 1850 WHITEHALL DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, RICHARD O 1850 WHITEHALL DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(l), 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 employment.

SIGNATURE: *Glenn Partin* DATE: **8/1/05** (407) **629-1030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Florida Profit
THE STRIPED APRON, INC.

PRINCIPAL ADDRESS
463 WEST NEW ENGLAND
WINTER PARK FL 32789
Changed 05/29/2002

MAILING ADDRESS
463 WEST NEW ENGLAND
WINTER PARK FL 32789
Changed 05/29/2002

Document Number
P01000005329

FEI Number
593691577

Date Filed
01/12/2001

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
KIRCH, RICK D 1384 AVERSWOOD CT. WINTER SPRINGS FL 32708
Name Changed: 05/29/2002
Address Changed: 05/29/2002

Officer/Director Detail

Name & Address	Title
PARTIN, GLENN 1850 WHITEHALL DR WINTER PARK FL 32789	D
ROGERS, RICHARD O 1850 WHITEHALL DR WINTER PARK FL 32789	D

Annual Reports

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ATTACHMENT 66027204
#P010000053129

Report Year	Filed Date
2002	05/29/2002
2003	03/10/2003
2004	02/23/2004

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No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

02/23/2004 -- ANN REP/UNIFORM BUS REP
03/10/2003 -- ANN REP/UNIFORM BUS REP
05/29/2002 -- COR - ANN REP/UNIFORM BUS REP
01/12/2001 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)



ATTACHMENT

66027204

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 1, 2005

THE STRIPED APRON, INC.
463 WEST NEW ENGLAND
WINTER PARK, FL 32789

Subject: **THE STRIPED APRON, INC.**

Reference Number: **P01000005329**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

The registered agent must have a **Florida** street address.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION