

**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      Mailing Address

**463 WEST NEW ENGLAND  
WINTER PARK, FL 32789**      **463 WEST NEW ENGLAND  
WINTER PARK, FL 32789**

**66027204**



08102005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3691577**      Applied For  
 Not Applicable

5. Certificate of Status Desired     **\$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

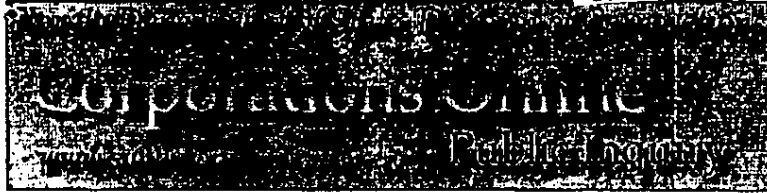
TITLE	D
NAME	PARTIN, GLENN
STREET ADDRESS	1850 WHITEHALL DR
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	ROGERS, RICHARD O
STREET ADDRESS	1850 WHITEHALL DR
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS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

**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**      DAYTIME PHONE: **(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

[Previous Filing](#)

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No Events  
No Name History Information

### Document Images

Listed below are the images available for this filing.

<a href="#">02/23/2004 -- ANN REP/UNIFORM BUS REP</a>
<a href="#">03/10/2003 -- ANN REP/UNIFORM BUS REP</a>
<a href="#">05/29/2002 -- COR - ANN REP/UNIFORM BUS REP</a>
<a href="#">01/12/2001 -- Domestic Profit</a>

**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