2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000018825

1. Entity Name

WHITE APRON HOUSEHOLD SERVICES, INC.



FILED Jan 15, 2008 08:00 AN Secretary of State

Principal Place of Business

725 JACARANDA ST MERRITT ISLAND, FL 32952 Mailing Address

725 JACARANDA ST MERRITT ISLAND, FL 32952



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3715695

S. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, ROBERT W 725 JACARANDA ST MERRITT ISLAND, FL 32952

SIGNATURE:

DO NOT WRITE IN THIS SPACE

030408

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 Wort Young 10 Jan 08					
Signature, typed or printed name of registal red agent and bite if applicable INOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE 1S \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			•
THEE NAME STREET ADDRESS CITY-SI-ZIP	D YOUNG, LENYLIN B 725 JACARANDA ST MERRITT ISLAND. FL 32952				U00000784829 01/16/08-80072-008 150.00
THEE NAME STREET ADDRESS CITY-S1-ZIP	D YOUNG, ROBERT W 725 JACARANDA ST. MERRITT ISLAND, FL 32952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY+S1-ZIP					
NAME STREET ADDRESS CHY-ST-ZIP					
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					