


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State


DOCUMENT # P03000148746

1. Entity Name
STRIPE ENTERPRISES, INC.



Principal Place of Business 308 9TH AVENUE EAST PALMETTO, FL 34221 US	Mailing Address 308 9TH AVENUE EAST PALMETTO, FL 34221 US
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD
 SUITE 101
 TALLAHASSEE, FL 32301-2960**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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	P STRIPE, AMY L. 308 9TH AVENUE EAST PALMETTO, FL 34221
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABBS, NIGEL 308 9TH AVENUE EAST PALMETTO, FL 34221
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12. I hereby 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.

SIGNATURE: AMY L. STRIPE **1/25/08 9418030137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #