



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90085 007 ***158.75

DOCUMENT # P06000118498					
1. Entity Name STRAP TEAZE, INC.					
Principal Place of Business 736 LITTLE HAMPTON LANE GOTHIA, FL 34734			Mailing Address 736 LITTLE HAMPTON LANE GOTHIA, FL 34734		
2. Principal Place of Business - No P.O. Box # 2582 S Maguire Rd		3. Mailing Address 2582 S Maguire Rd			
Suite, Apt. #, etc. #333		Suite, Apt. #, etc. #333			
City & State Ocoee, FL		City & State Ocoee, FL			
Zip 34761	Country USA	Zip 34761	Country USA	07082007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-5595361				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HODGES, ADAM 736 LITTLE HAMPTON LANE GOTHIA, FL 34734	
7. Name and Address of New Registered Agent Name: Kuhn, Janette Street Address (P.O. Box Number is Not Acceptable): 2582 S Maguire Rd #333 City: Ocoee FL Zip Code: 34761				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: <u>Janette M Kuhn</u> 07/08/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOT a Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGES, STEPHANIE J 736 LITTLE HAMPTON LANE GOTHIA, FL 34734	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hodges, Stephanie J 2582 S Maguire Rd #333 Ocoee, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HODGES, STEPHANIE S 2995 COMPTON WAY TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S Kuhn, Janette M 2582 S Maguire Rd #333 Ocoee, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HODGES, ADAM 736 LITTLE HAMPTON LANE GOTHIA, FL 34734	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Janette M Kuhn</u>			Date: 07/08/07		Telephone: 407.284.1627