

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000095147

Entity Name: STRIPES INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

28264 WILDLIFE LANE  
BROOKSVILLE, FL 34602

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10794  
BROOKSVILLE, FL 34603

**New Mailing Address:**

FEI Number: 27-4014310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAMBLE, NATHAN  
10794 PO BOX  
BROOKSVILLE, FL 34603 US

**Name and Address of New Registered Agent:**

HAMBLE, NATHAN  
28264 WILDLIFE LANE  
BROOKSVILLE, FL 34602 US

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.

SIGNATURE: NATHAN HAMBLE

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAMBLE, NATHAN  
Address: PO BOX 10794  
City-St-Zip: BROOKSVILLE, FL 34603

Title: VP  
Name: HAMBLE, KATHY  
Address: PO BOX 10794  
City-St-Zip: BROOKSVILLE, FL 34603

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NATHAN HAMBLE

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date