

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000073573

1. Entity Name
THE WHITE APRON CATERING, INC.



Principal Place of Business
2201 NE 2 STREET
GAINESVILLE, FL 32609

Mailing Address

2201 NE 2 STREET
GAINESVILLE, FL 32609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032005 Chg-P CR2E034 (10/03)

4. FEI Number

59-3214784

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLLNER, JULIA
1800 NW 24 STREET
GAINESVILLE, FL 32605

Name

Street Address (P.O. Box Number is Not Acceptable)

3940 NW 25th Circle

City

Gainesville

FL

Zip Code

32606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GOLLNER, JULIA
STREET ADDRESS 1800 N.W. 24 STREET
CITY-ST-ZIP GAINESVILLE, FL 32605

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

3940 NW 25th Circle
Gainesville, FL 32606

TITLE V
NAME GOLLNER, PAUL
STREET ADDRESS 180 NW 24 STREET
CITY-ST-ZIP GAINESVILLE, FL 32605

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

3940 NW 25th Circle
Gainesville, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

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Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jules Gollner* Jules Gollner 3-9-05 3623768467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**FILED
Mar 10, 2005 8:00 am
Secretary of State**

03-10-2005 90151 048 ***150.00