


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000073573 1. Entity Name THE WHITE APRON CATERING, INC.	
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Principal Place of Business 2201 NE 2 STREET GAINESVILLE, FL 32609	Mailing Address 2201 NE 2 STREET GAINESVILLE, FL 32609
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DO NOT WRITE IN THIS SPACE

01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3214784	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

GOLLNER, JULIA
3940 NW 25TH CIRCLE
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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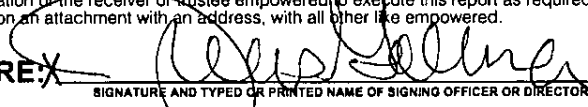
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLLNER, JULIA 3940 NW 15TH CIRCLE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLLNER, PAUL 3940 NW 15TH CIRCLE GAINESVILLE, FL 32606
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02/08/07-80014-016 150.00

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IN THIS SPACE**

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

X2-1-07 352 3768467
Date Daytime Phone #