

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000041617

1. Entity Name  
STRIPE DESIGN, INC.



Principal Place of Business  
2217 WOOTEN RD  
DOVER, FL 33527 US

Mailing Address  
2217 WOOTEN RD  
DOVER, FL 33527 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 17, 2008 8:00 am  
Secretary of State**

04-17-2008 90031 049 \*\*\*150.00

**40070326**



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3245097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

SIMMONS, DOUGLAS  
2217 WOOTEN ROAD  
DOVER, FL 33527

**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

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, 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 D  
NAME SIMMONS, DOUGLAS  
STREET ADDRESS 2217 WOOTEN ROAD  
CITY-ST-ZIP DOVER, FL

TITLE D  
NAME SIMMONS, KRISTIE  
STREET ADDRESS 2217 WOOTEN RD  
CITY-ST-ZIP DOVER, FL

TITLE —  
NAME —  
STREET ADDRESS —  
CITY-ST-ZIP —

TITLE —  
NAME —  
STREET ADDRESS —  
CITY-ST-ZIP —

TITLE —  
NAME —  
STREET ADDRESS —  
CITY-ST-ZIP —

TITLE —  
NAME —  
STREET ADDRESS —  
CITY-ST-ZIP —

**DO NOT WRITE  
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

4-15-08 813 659-0005

Date

Daytime Phone #