

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000083860

1. Entity Name
TOTALLY BLONDE PRODUCTIONS, INC.



Principal Place of Business

5079 N DIXIE HIGHWAY
SUITE #203
OAKLAND PARK, FL 33334 US

Mailing Address

5079 N DIXIE HIGHWAY
SUITE #203
OAKLAND PARK, FL 33334 US



05042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1132370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

TILTON, CHARITY
5079 N DIXIE HIGHWAY
SUITE #203
OAKLAND PARK, FL 33334

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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 fee if applicable

(NOTE: Registered Agent signature not required when submitting)

DATE

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PVP
TILTON, CHARITY
STREET ADDRESS
5079 N. DIXIE HIGHWAY, STE. #203
CITY, ST, ZIP
OAKLAND PARK, FL 33334

TITLE
NAME
STD
TILTON, CHARITY
STREET ADDRESS
5079 N. DIXIE HIGHWAY, SUITE 203
CITY, ST, ZIP
OAKLAND PARK, FL 33334

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

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05/06/05-80028-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/30/05 954 344 5151
Date
Contact Phone #