


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000079358

1. Entity Name
10 TILL 9 CITI CLOWNZ CORP.



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 1811 DAX COURT, TALLAHASSEE, FL 32304

Mailing Address: 1811 DAX COURT, TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address: 617 HOLYOKE CT Apt. A

Suite, Apt. #, etc.: SAME / Apt. A

City & State: Tallahassee, Florida

Zip: 32301 / Country: USA

01022008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, DERRICK O
3017 WAHNISH WAY
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent

Name: _____

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

City: _____ State: **FL** Zip Code: _____

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

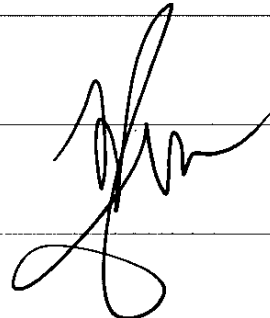
SIGNATURE: _____ DATE: _____

Signature typed or printed name of registered agent, and if applicable, (NDIF) Registered Agent signature required when filing online

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | CEO WILLIAMS, DERRICK O 1811 DAX COURT TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400115149794 01/15/08--01016--008 **150.00 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | S HALL, EBONI S 1811 DAX COURT TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Derrick Williams DATE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR