

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # F99000003041

1. Entity Name

RENEE'S TASSELS & TIES, INC.



Principal Place of Business

121 COMMERCE ROAD
BOYNTON BEACH, FL 33426

Mailing Address

P O BOX 243318
BOYNTON BEACH, FL 33424



01062006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1845264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, DANIEL P
121 COMMERCE ROAD
BOYNTON BEACH, FL 33426

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

110000509368
04/28/06-80041-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	COOPERMAN, DENISE
STREET ADDRESS	1410 CHANTICLEER
CITY-ST-ZIP	CHERRY HILL, NJ 08003
TITLE	DVS
NAME	HARRISON, DANIEL P
STREET ADDRESS	6911 FAIRWAY LAKES DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	PT
NAME	HARRISON, RENEE A
STREET ADDRESS	6911 FAIRWAY LAKE DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-11-06