

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2007 08:00 AM
Secretary of State**

DOCUMENT # P00000067619

1. Entity Name
TOP LINE SCREEN PRINTING AND EMBROIDERY, INC.



Principal Place of Business
4210 L.B. MCLEOD ROAD
#109
ORLANDO, FL 32811

Mailing Address
4210 L.B. MCLEOD ROAD
#109
ORLANDO, FL 32811



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3662602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VARGAS, SARA L
1121 MISSION RIDGE COURT
ORLANDO, FL 32835

**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 retesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
VARGAS, SARA LEE
1121 MISSION RIDGE CT
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/17/07-80093-025 150.00

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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: *Sara Lee Vargas* / SARA LEE VARGAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/07 407-428-9515