

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90013 044 ***150.00

DOCUMENT #: P92000056983 1. Entity Name TIGER CLEANING SERVICE, INC.		
Principal Place of Business 3106 HANGING ROCK CT. JACKSONVILLE FL 32246		Mailing Address 3106 HANGING ROCK CT. JACKSONVILLE FL 32246
2. Principal Place of Business - No P.O. Box # 2900 State Road A1A Suite, Apt. #, etc. 814	3. Mailing Address 2900 State Road A1A Suite, Apt. #, etc. 814	
City & State Atlantic Beach FL Zip 32233	City & State Atlantic Beach FL Zip 32233 Country USA	
4. FEI Number 68-0505898		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JOHNSON, TYRONE 3106 HANGING ROCK CT. JACKSONVILLE FL 32246		
7. Name and Address of New Registered Agent Name: Tyrone Johnson Street Address (P.O. Box Number is Not Acceptable): 2900 State Road A1A 814 City: Atlantic Beach FL Zip Code: 32233		
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: <i>Tyrone Johnson</i> DATE: 4/21/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing.)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE: DPTS NAME: JOHNSON, TYRONE STREET ADDRESS: 3106 HANGING ROCK CT. CITY-ST-ZIP: JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	
TITLE: VP NAME: JOHNSON, DIANE STREET ADDRESS: 2900 SR A1A, #610 CITY-ST-ZIP: JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Diane Johnson</i> Diane Johnson 4/21/08 (904)5632475 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		