


FILED
Jun 07, 2005 8:00 am
Secretary of State

05-12-2005 90246 025 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000068596 1. Entity Name TOT'S 4 TOOT INC.					
Principal Place of Business 592 W. MINNEOLA AVE CLERMONT, FL 34711 US			Mailing Address 592 W. MINNEOLA AVE CLERMONT, FL 34711 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2920204	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURDEN, WILLIE M 592 W. MINNEOLA AVE. CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input type="checkbox"/> Delete NAME BURDEN, GREGORY T STREET ADDRESS 592 W. MINNEOLA AVE. CITY-ST-ZIP CLERMONT, FL 34711		TITLE Sec/Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME WILLIE MAE BURDEN STREET ADDRESS 592 W. MINNEOLA AVE CITY-ST-ZIP CLERMONT FL 34711	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: <u>Willie Mae Burden Willie Mae Burden</u> 5-3-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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05032005 Chg-P CR2E034 (10/03)