

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

5. Jun 20, 2006 8:00 am
Secretary of State

05-01-2006 90413 036 ***150.00

DOCUMENT # P05000048729					
1. Entry Name CLIPS N' TIPS, INC.					
Principal Place of Business 1532 LAND O LAKES BOULEVARD SUITE E LUTZ, FL 33549 US			Mailing Address 1532 LAND O LAKES BOULEVARD SUITE E LUTZ, FL 33549 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COTTER, JOAN E 1532 LAND O LAKES BOULEVARD SUITE E LUTZ, FL 33549			Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTTER, JOAN E 21549 CLUBSIDE LOOP LAND O LAKES, FL 34639	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTTER JOAN E 1532 LAND O LAKES BLVD (E) LUTZ FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COTTER, JOAN E 21549 CLUBSIDE LOOP LAND O LAKES, FL 34639	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOAN E COTTER 1532 Land O' LAKES Blvd (E) LUTZ FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Joan E Cotter</u>			04.28.06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		