

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90314 042 ***150.00

DOCUMENT # P96000032915

1. Entity Name

TIP TOP CLEANING INC.



Principal Place of Business

313 CAROL ANN DR.
EDGEWATER FL 32132

Mailing Address

313 CAROL ANN DR.
EDGEWATER FL 32132

2. Principal Place of Business

2109 6th Ave.

3. Mailing Address

2109 6th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Deland, FL

4. FEI Number

59-3373667

Applied For
Not Applicable

Zip

32724

Country

USA

Zip

32724

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSKINEN, KARI E
313 CAROL ANN DR.
EDGEWATER FL 32132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2109 6th Ave.

City

Deland

FL

Zip Code

32724

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME KOSKINEN, KARI
STREET ADDRESS 313 CAROL ANN DRIVE
CITY-ST-ZIP EDGEWATER FL ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Kari E. Koskinen

Kari E. Koskinen

4/23/05

(386)423-9124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #