

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90070 033 ***150.00

DOCUMENT # P96000032915

1. Entity Name

TIP TOP CLEANING INC.



Principal Place of Business

2109 6TH AVE
DELAND FL 32724

Mailing Address

2109 6TH AVE
DELAND FL 32724

2. Principal Place of Business

2110 6th Ave

Suite, Apt. #, etc.

3. Mailing Address

2110 6th Ave

Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Deland, FL

Zip

32724 Volusia

Zip

32724 Volusia

4. FEI Number

59-3373667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSKINEN, KARI E
2109 6TH AVE
DELAND FL 32724

7. Name and Address of New Registered Agent

Name (Same Agent)

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

2110 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

Kari E. Koskinen (President) 5/1/2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME Koskinen Kari (Same)
STREET ADDRESS 2110 6th Ave.
CITY-ST-ZIP Deland, FL 32724

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 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: Kari E. Koskinen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2006 (386) 423-9124

Date

Daytime Phone #