

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000102699

1. Entity Name
CTAS CORP.



Principal Place of Business
7588 BELLA VERDE WAY
DELRAY BEACH, FL 33446 US

Mailing Address
7588 BELLA VERDE WAY
DELRAY BEACH, FL 33446 US



07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2278764

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERMAN, DANIEL
7588 BELLA VERDE WAY
DELRAY BEACH, FL 33446

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000571078
07/18/06-80022-022 550.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME Berman, Daniel
STREET ADDRESS 7588 BELLA VERDE WAY
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE V
NAME Berman, Jeff
STREET ADDRESS 15 MEADOWOOD LANE
CITY-ST-ZIP BROOKVILLE, NY 11545

TITLE T
NAME Tichner, Sloan
STREET ADDRESS 6 HORSEHILL ROAD
CITY-ST-ZIP BROOKVILLE, NY 11545

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P. Berman 7-12-06