

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90087 022 ***150.00

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1. Entity Name

T. A. SISTERS, INC.



Principal Place of Business

1218 RIDGEWOOD AVENUE
HOLLY HILL FL 32117

Mailing Address

P O BOX 250671
HOLLY HILL FL 32125

2. Principal Place of Business

237 2nd Street
Suite, Apt. #, etc.
Holly Hill FL
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3566956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERKINS, LYNN
1218 RIDGEWOOD AVENUE
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name

Perkins, Lynn

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

237 2nd Street

City

Holly Hill

FL

Zip Code

32117

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 \$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 PTD ☐ Delete
NAME PERKINS, LYNN
STREET ADDRESS 1218 RIDGEWOOD AVE
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE VSD ☐ Delete
NAME PERKINS, EDWARD H
STREET ADDRESS 1218 RIDGEWOOD AVENUE
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 237 2nd Street
CITY-ST-ZIP Holly Hill FL 32117

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 237 2nd Street
CITY-ST-ZIP Holly Hill FL 32117

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TITLE ☐ Change ☐ Addition
NAME
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 19.07(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:

Lynn Perkins Lynn Perkins 4-28-05 386-238-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #