# 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

### Sep 05, 2008 8:00 am Secretary of State 09-05-2008 90002 025 \*\*\*150.00 DOCUMENT # P99000030618 TOTAL TAPE SERVICES, INC. 40115326 Principal Place of Business Mailing Address 1479 RIDGE TOP WAY 1479 RIDGE TOP WAY CLEARWATER, FL 33765 CLEARWATER, FL 33765 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08202008 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number 59-3586947 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALKER, JILL Street Address (P.O. Box Number is Not Acceptable) 1479 RIDGE TOP WAY CLEARWATER, FL 33765 City 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D Change ☐ Addition TITLE ☐ Delete TITLE NAME WALKER, JILL NAME 1479 RIDGE TOP WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33765 CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SJ-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

#P9900030618

Hi Recosell

Thanks for assisting

me today

Can you please

call me once you

receive this - so I

know everything

is oh? thank you!

Sincerely, Jill weeder



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2008

TOTAL TAPE SERVICES, INC. 1479 RIDGE TOP WAY CLEARWATER, FL 33765

SUBJECT: TOTAL TAPE SERVICES, INC.

Ref. Number: P99000030618)

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Due to the contents of your cover letter, we will waive the late fee or reinstatement fee for this filing. Please return your original letter along with the appropriate fees and completed annual report/reinstatement form to insure the waiver of these additional fees.

### TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Carole Anderson **OPS** 

Letter Number: 008A00046764

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314