

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90478 012 ***150.00

DOCUMENT # P99000056267

1. Entity Name
TIP TOP TRANSPORT, INC.



Principal Place of Business
**10965 NW 7 STREET
CORAL SPRINGS, FL 33071**

Mailing Address
**7606 NW 88TH CIRCLE
TAMARAC, FL 33321**

50017689



2. Principal Place of Business

3. Mailing Address

10965 NW 7 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006

Chg-P

CR2E034 (11/05)

City & State

City & State
Coral Springs, FL

4. FEI Number
65-0928716

Applied For
Not Applicable

Zip

Country

Zip
33071

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, KAREN M
10965 NW 7 STREET
CORAL SPRINGS, FL 33071**

Name

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

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P ROBINSON, HUGH P
10965 NW 7 STREET
CORAL SPRINGS, FL 33071** ☐ Delete

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

TITLE
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CITY - ST - ZIP ☐ Delete

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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: **Hugh Robinson** **HUGH ROBINSON** **4/27/06** **9546491400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #