


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H59757**  
 1. Entity Name  
 TIFFANY AND ASSOCIATES, INC.



Principal Place of Business: 500 MASON AVE. DAYTONA BEACH, FL 32117  
 Mailing Address: 500 MASON AVE. DAYTONA BEACH, FL 32117



01292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-2532178 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TIFFANY, GARRY  
 500 MASON AVENUE  
 DAYTONA BEACH, FL 32117

**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 \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000925207  
 05/20/08-80015-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	TIFFANY, GARRY L.
STREET ADDRESS	500 MASON AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D
NAME	TIFFANY, GARRY L.
STREET ADDRESS	500 MASON AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D
NAME	LAWRENCE, TIFFANY
STREET ADDRESS	1679 HALF MOON DR
CITY-ST-ZIP	PORT ORANGE, FL
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 the 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 #: \_\_\_\_\_