

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59757

FILED  
Jul 07, 2009  
Secretary of State

Entity Name: TIFFANY AND ASSOCIATES, INC.

**Current Principal Place of Business:**

500 MASON AVE.  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

500 MASON AVE.  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

FEI Number: 59-2532178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TIFFANY, GARRY  
500 MASON AVENUE  
DAYTONA BEACH, FL 32117      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: TIFFANY, GARRY L.  
Address: 500 MASON AVE.  
City-St-Zip: DAYTONA BEACH, FL

Title: D ( ) Delete  
Name: TIFFANY, GARRY L.  
Address: 500 MASON AVE.  
City-St-Zip: DAYTONA BEACH, FL

Title: D ( ) Delete  
Name: LAWRENCE, TIFFANY  
Address: 1679 HALF MOON DR  
City-St-Zip: PORT ORANGE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: TIFFANY, GARRY L.  
Address: 500 MASON AVE.  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LAWRENCE, TIFFANY  
Address: 500 MASON AVE  
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARRY L TIFFANY

PRES

07/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date