

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000087656					
1. Entity Name TIDE WAY HOMES REALTY, INC.					
Principal Place of Business 1440 N. NOVA ROAD SUITE 305 MARTIN BUSINESS CENTER HOLLY HILL, FL 32117			Mailing Address 1440 N. NOVA ROAD SUITE 305 MARTIN BUSINESS CENTER HOLLY HILL, FL 32117		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3014288	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KASPER, PATRICIA L 1440 N. NOVA ROAD SUITE 305 MARTIN BUSINESS CENTER HOLLY HILL, FL 32117			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 KASPER, PATRICIA L 111 WHITE IBIS COURT DAYTONA BEACH, FL 32119	☐ 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.			U000000751270 Change ☐ Addition ☐ 05/18/07-80098-001 150.00		
SIGNATURE: <i>Patricia Lynn Kasper</i>			4/30/07 386 250889		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		