

2004 FOR PROFIT CORPORATION ANNUAL REPORT

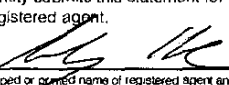
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Jan 08, 2004 8:00 am
Secretary of State

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01052004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000081623			
1. Entity Name TIDY COAST CONTAINERS, INC.			
Principal Place of Business 7900 SE BRIDGE RD. HOBE SOUND, FL 33455		Mailing Address P O BOX 8322 HOBE SOUND, FL 33475	
2. Principal Place of Business 13150 SE Flora Ave.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hobe Sound FL		City & State	
Zip 33455	Country	Zip	Country
6. Name and Address of Current Registered Agent HEATH, ANTHONY 7900 SE BRIDGE RD HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13150 SE Flora Ave. City Hobe Sound FL Zip Code 33455	
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  DATE 1/5/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 HEATH, ANTHONY 7900 SE BRIDGE RD HOBE SOUND, FL 33455 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Heath, Anthony 13150 SE Flora Ave Hobe Sound, FL 33455 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO CRAWFORD, LESLIE 400 SHANGRI-LA LN MUNFORD, AL 36268 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Anthony Heath		Date 1/5/04 Daytime Phone # 772-545-4000	