

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # P03000124952

1. Entity Name  
TYCOON INTERNATIONAL ART GALLERY, INC.



Principal Place of Business  
217 N COLLIER BLVD  
SUITE 101  
MARCO ISLAND, FL 34145

Mailing Address  
217 N COLLIER BLVD  
SUITE 101  
MARCO ISLAND, FL 34145

**DO NOT WRITE IN THIS SPACE**



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
56-2420139

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, E. GLENN  
950 NORTH COLLIER BLVD STE 204  
MARCO ISLAND, FL 34145

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BOLAND, MARIA MARTA  
STREET ADDRESS 570 CENTURY DRIVE  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VPD  
NAME LANG, MARIA MARTA  
STREET ADDRESS 570 CENTURY DRIVE  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ST  
NAME LANG, FEDERICO  
STREET ADDRESS 570 CENTURY DRIVE  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000360855  
05/05/05-80053-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIA MARTA BOLAND

04-29-05 389-2204