

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90221 014 ***150.00

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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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2420139	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TUCKER, E. GLENN 950 NORTH COLLIER BLVD STE 204 MARCO ISLAND, FL 34145			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 _____ 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, 2006 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	PD BOLAND, MARIA MARTA 570 CENTURY DRIVE MARCO ISLAND, FL 34145	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LANG, MARIA MARTA 570 CENTURY DRIVE MARCO ISLAND, FL 34145	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANG, FEDERICO 570 CENTURY DRIVE MARCO ISLAND, FL 34145	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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.			Date: 05-01-06 Daytime Phone #: 384-2204		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					