

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 386324

Entity Name: FLOODTIDE, INC.

FILED  
Feb 11, 2005  
Secretary of State

## Current Principal Place of Business:

10720 89 ST  
VERO BEACH, FL 32967

## New Principal Place of Business:

1013 BARBER STREET  
SEBASTIAN, FL 32958

## Current Mailing Address:

P. O. BOX 780277  
SEBASTIAN, FL 32978 US

## New Mailing Address:

POST OFFICE BOX 780277  
SEBASTIAN, FL 32978 US

FEI Number: 59-1354616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLOOD, ROBERT L  
10720 89 STREET  
VERO BEACH, FL 32967 US

## Name and Address of New Registered Agent:

FLOOD, ROBERT L  
1013 BARBER STREET  
SEBASTIAN, FL 32958 US

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:

02/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FLOOD, ROBERT L,  
Address: 10720 89 ST  
City-St-Zip: VERO BEACH, FL 32967

Title: VD ( ) Delete  
Name: FLOOD, MARY B.,  
Address: 10720 89 ST  
City-St-Zip: VERO BEACH, FL 32967

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FLOOD, ROBERT L,  
Address: 1013 BARBER STREET  
City-St-Zip: SEBASTOAM, FL 32958

Title: VD (X) Change ( ) Addition  
Name: FLOOD, MARY B.,  
Address: 1013 BARBER STREET  
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY B. FLOOD

VD

02/11/2005

Electronic Signature of Signing Officer or Director

Date