

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90405 008 ***150.00

DOCUMENT # 386324

1. Entity Name
FLOODTIDE, INC.



Principal Place of Business

Mailing Address

~~1013 BARBER STREET~~ 10690 89 STREET
~~SEBASTIAN, FL 32958~~
VERO BEACH FL 32967
~~POST OFFICE BOX 700277~~ 10690-89 STR
~~SEBASTIAN, FL 32978~~ US

400000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-1354616

Applied For

Not Applicable

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

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

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 PD
NAME FLOOD, ROBERT L
STREET ADDRESS ~~1013 BARBER STREET~~ Change address
CITY-ST-ZIP SEBASTOAM, FL 32958

TITLE
NAME 10690-89 STREET
STREET ADDRESS VERO BEACH FL 32967
CITY-ST-ZIP

TITLE VD
NAME FLOOD, MARY B.
STREET ADDRESS ~~1013 BARBER STREET~~ Change address
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE
NAME 10690-89 STREET
STREET ADDRESS VERO BEACH FL 32967
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

V.P.

4/17/06

406-821-3840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #