

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # 403685	
1. Entity Name TIKI RENTALS, INC.	

Principal Place of Business THE PEARL OF NAVARRE BEACH 8499 GULF BEACH BLVD., #804 NAVARRE BEACH, FL 32566	Mailing Address P.O. BOX 610 NEWLAND, NC 28657
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DO NOT WRITE IN THIS SPACE



02162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1282096	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BUTLER, PHIL 3583 N.W. 9TH AVENUE FT. LAUDERDALE, FL 33309	

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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 _____	NOTE: Registered Agent signature required when renouncing	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, BRUCE H 157 WILD TURKEY LN NEWLAND, NC 28657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAMES, PEGGY M 157 WILD TURKEY LN NEWLAND, NC 28657
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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: <i>Peggy M James</i>	3/18/08 (828) 387-0651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #