

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 403685

1. Entity Name
TIKI RENTALS, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY - 4 PM 3: 00

KS

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



02162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1282096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, PHIL
3582 N.W. 9TH AVENUE
FT. LAUDERDALE, FL 33309
6560 NW 32 AV
COCONUT CREEK, FL 33073

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

Phil Butler

4-29-10

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

WE DO NOT HAVE ACCESS TO EMAIL. PLEASE ACCEPT THIS CHECK & FORH TEMPORARILY YOUR ACCESS PHONES ARE FULL OF SIMILAR COMPLAINTS. SEND DOCUMENTATION TO REGISTERED AGENT.
4/29/10

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05/10/10--01005--013 **150.00

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:

Peggy M James

3/18/08 (828)387-0651

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone