

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 590574

1. Entity Name

TIKAL TRADING COMPANY



Principal Place of Business

129 DUVAL STREET
KEY WEST, FL 33040

Mailing Address

129 DUVAL STREET
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1861011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OROPEZA & PARKER
815 PEACOCK PLAZA
KEY WEST, FL 33040

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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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WEBB, GEORGE CREIGHTON
STREET ADDRESS 311 WILLIAM STREET
CITY-ST-ZIP KEY WEST, FL

TITLE S
NAME WEBB, BARBARA
STREET ADDRESS 311 WILLIAM STREET
CITY-ST-ZIP KEY WEST, FL

TITLE D
NAME WEBB, CHRISTOPHER C
STREET ADDRESS 124 W. 81 ST.
CITY-ST-ZIP NEW YORK, NY 10024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/01/04-80005-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #