

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90007 010 ***150.00

DOCUMENT # 655463 1. Entity Name TIGER LAKE, INC.			
Principal Place of Business 412 NE 16TH AVE., SUITE 130 P. O. BOX 1776 GAINESVILLE, FL 32601		Mailing Address 412 NE 16TH AVE., SUITE 130 P. O. BOX 1776 GAINESVILLE, FL 32601	
2. Principal Place of Business 4127 NW 27th Ln. Suite, Apt. #, etc. Suite A		3. Mailing Address PO Box 357845 Suite, Apt. #, etc.	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32606	Country USA	Zip 32635	Country USA
6. Name and Address of Current Registered Agent LEE, DENNIS G. 412 N.E. 16TH AVE. GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Dennis G. Lee Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Suite A City Gainesville FL Zip Code 32606	
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: <u><i>Dennis G. Lee</i></u> Dennis G. Lee 1/24/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD	NAME LEE, DENNIS G.	TITLE PSD	NAME Dennis G. Lee
STREET ADDRESS 412 NE 16 AVE.	CITY-ST-ZIP GAINESVILLE, FL	STREET ADDRESS 4127 NW 27th Ln, Suite A	CITY-ST-ZIP Gainesville FL 32606
TITLE VAS	NAME LEE, CARIDAD	TITLE VAS	NAME Caridad Lee
STREET ADDRESS 412 NE 16 AVENUE	CITY-ST-ZIP GAINESVILLE, FL	STREET ADDRESS 4127 NW 27th Ln, Suite A	CITY-ST-ZIP Gainesville FL 32606
TITLE AS	NAME DAVIES, LISA S	TITLE AS	NAME Lisa S. Davies
STREET ADDRESS 412 N.E. 16 AVE.	CITY-ST-ZIP GAINESVILLE, FL	STREET ADDRESS 4127 NW 27th Ln, Suite A	CITY-ST-ZIP Gainesville FL 32606
TITLE PSD	NAME LEE, DENNIS G.	TITLE PSD	NAME Dennis G. Lee
STREET ADDRESS 412 NE 16 AVE.	CITY-ST-ZIP GAINESVILLE, FL	STREET ADDRESS 4127 NW 27th Ln, Suite A	CITY-ST-ZIP Gainesville FL 32606
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Dennis G. Lee</i></u> Dennis G. Lee 1/24/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/24/04 Daytime Phone # 352-334-1976	