2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

FILED DOCUMENT # F04064 Jan 30, 2006 08:00 AN 1. Entity Name **Secretary of State** TIGERS DEN, INC. Mailing Address Principal Place of Business 635 SCHODLHOUSE RD 635 SCHODLHOUSE RD LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2057076 Not Applicat Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRITTON, CHARLES P Street Address (P O Box Number is Not Acceptable) 5300 S. FLÓRIDA AVENUE LAKELAND FL 33813 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice 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 little if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May @ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delele TITLE ☐ Change PEARSON, KELLY J NAME STREET ADDRESS 5371 S FLORIDA AVENUE STREET ADDRESS U00000407845 <u>02/ŎŔŹŎĞ</u>ĞŎŎŎĞĠĞO10 150.00 CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Address NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-782 ☐ Change Oelete TITLE A A NAME МАМ STREET ADDRESS STHLET ADDRESS CITY-ST-ZIP CRY-ST-7/P Coelete MILE ☐ Change ∏ Activ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THLE ☐ Change □ Ac NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Chance Aust NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 if changed, or on an attachment with an address, with all other like empowered.