


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90091 020 ***150.00

DOCUMENT # F06000007531	
1. Entity Name TIPPLE TIME, INC.	

Principal Place of Business 32 ISLAND DRIVE SAVANNAH, GA 31406	Mailing Address 32 ISLAND DRIVE SAVANNAH, GA 31406
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address P. O. Box 2139	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Savannah, GA	
Zip	Country	Zip	Country
		31402-2139	USA

02062007 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent HICKEY, EDWIN W 9231 SCHOOL HOUSE ROAD CORAL GABLES, FL 33156		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPS LIENTZ, JAMES R II 32 ISLAND DRIVE SAVANNAH, GA 31406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James R. Lientz, II **James R. Lientz, II, President** 02/08/07 (912) 656-7581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #