


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>G38850</b> 1. Entity Name <b>THE FIRST TIGER CORPORATION</b>	
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Principal Place of Business <b>% MICHELE E. STOTTLER 8 TRADITIONAL LN. LOUDONVILLE, NY 12211-1931</b>	Mailing Address <b>% MICHELE E. STOTTLER 8 TRADITIONAL LN. LOUDONVILLE, NY 12211-1931</b>
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04202004

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2503273</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b>	

6. Name and Address of Current Registered Agent  <b>STOTTLER, MICHELE E 1102 S BREVARD AVE COTTONDALE, FL 32431</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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**

**U000000129909  
04/26/04-80097-008 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STOTTLER, RICHARD H III 2016 BELLE MONTI AVE. BELMONT, CA 94002</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STOTTLER, LORI 1115 S. BREVARD AVE. COCOA BEACH, FL 32931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STOTTLER, MICHELE E 8 TRADITIONAL LANE LOUDONVILLE, NY 122111931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(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:** *Michele Stotler* **4/26/04** **(510) 489-4218**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #