


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90056 020 \*\*\*150.00

<b>DOCUMENT-# L06521</b> 1. Entity Name <b>TINER AND ASSOCIATES, INC.</b>					
Principal Place of Business <b>16205 OLS US 41 FORT MYERS FL 33912</b>			Mailing Address <b>16205 OLS US 41 FORT MYERS FL 33912</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0197886</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>TINER, JAMES 11481 OSPREY LANDING WAY FORT MYERS FL 33908</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>16205 OLD U.S. 41</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33912</b>				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 _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing <b>\$5.00 May Be</b>          Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD TINER, JAMES L. 11481 OSPREY LANDING WAY FORT MYERS FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD JAMES TINER 16205 OLD U.S. 41 Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TINER, JEAN M 11481 OSPREY LANDING WAY FORT MYERS FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TINER, JEAN M 16205 OLD U.S. 41 Fort Myers, FL 33912	<input checked="" 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
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
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
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.					
<b>SIGNATURE:</b> <i>Alan Tiner, Secretary of Corp.</i> <b>3-23-05</b> <b>239-267-8106</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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1st MOORE CR2E034 (10/04)