

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L18485

1. Entity Name
HIGH TIDE ENTERPRISES, INC.



Principal Place of Business

C/O STEPHEN C. REILLY
3705 WICKLOW CIRCLE
TALLAHASSEE, FL 32308

Mailing Address

C/O STEPHEN C. REILLY
3705 WICKLOW CIRCLE
TALLAHASSEE, FL 32308

FILED
04 APR 23 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2980535

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REILLY, STEPHEN C
3705 WICKLOW CIRCLE
TALLAHASSEE, FL 32308

**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 re-registering)

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 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REILLY, STEPHEN C 3705 WICKLOW CIRCLE TALLAHASSEE, FL 32308
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600033993796
04/27/04--01011--009 **150.00

Steph C. Reilly

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

(850) 893-8551

Daytime Phone #