

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L35978

1. Entity Name
TIGER POINT SUBWAY, INC.



Principal Place of Business

**3075 GULF BREEZE PKWY
GULF BREEZE, FL 32563 US**

Mailing Address

**ALBERT & CAROLE MCEACHERN
1525 OCEAN BREEZE LANE
GULF BREEZE, FL 32563 US**



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2980043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCEACHERN, ALBERT A
1525 OCEAN BREEZE LANE
GULF BREEZE, FL 32563**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000887656
04/21/08-80029-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MCEACHERN, ALBERT A.
STREET ADDRESS	1525 OCENA BREEZE LN
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	VTD
NAME	MCEACHERN, CAROLE
STREET ADDRESS	1525 OCEAN BREEZE LANE
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Albert A. McEachern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert A. McEachern 4/1/08

Date

Daytime Phone #

(850)932-4441