

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 A
Secretary of State

DOCUMENT # P00000060094

1. Entity Name

TIKI HUT HOLDING COMPANY, INC.



Principal Place of Business

1190 N US 1
ORMOND BEACH, FL 32174

Mailing Address

PO BOX 265111
DAYTONA BEACH, FL 32126-5111



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3679734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, LARRY L
1190 N US 1
ORMOND BEACH, FL 32174

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RICE, RON
STREET ADDRESS	175 OCEAN SHORE BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	VS
NAME	ADAMS, LARRY L
STREET ADDRESS	687 OCEANSHORE BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	V
NAME	JENNINGS, WILLIAM F
STREET ADDRESS	19 WILD CAT LANE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	V
NAME	SURRETTE, JACK E JR
STREET ADDRESS	427 PALM AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/06-80001-002 450.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry L. Adams LARRY L. ADAMS 18 Jan. 2006

386-677-9559

Daytime Phone #