

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90075 043 ***150.00

DOCUMENT # P01000006887

1. Entity Name
TIGER MANAGEMENT OF BONIFAY, FLORIDA, INC.



Principal Place of Business

**2077 HIGHWAY 79
BONIFAY, FL 32425**

Mailing Address

**POST OFFICE BOX 455
BONIFAY, FL 32425**

24026658



03192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

801 Wood Valley Road

Suite, Apt. #, etc.

3. Mailing Address

801 Wood Valley Road

Suite, Apt. #, etc.

City & State

Greenville, AL

City & State

Greenville, AL

Zip

36037

Country

USA

Zip

36037

Country

USA

4. FEI Number

59-3275871

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOWEN, ROBERT A
2077 HIGHWAY 79
BONIFAY, FL 32425**

7. Name and Address of New Registered Agent

Name **Frank A. Baker**

Street Address (P.O. Box Number is Not Acceptable)

4431 Lafayette St

City **Marianna**

FL

Zip Code **32446**

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 **Frank A. Baker**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/04

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 **PVST** ☐ Delete
NAME **BOWEN, ROBERT A**
STREET ADDRESS **2077 NORTH HWY 79**
CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE **D** ☐ Delete
NAME **BOWEN, ROBERT A**
STREET ADDRESS **2077 NORTH HWY 79**
CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **Robert A. Bowen**
STREET ADDRESS **801 Wood Valley Road**
CITY-ST-ZIP **Greenville, AL 36037**

TITLE **D** ☒ Change ☐ Addition
NAME **Robert A. Bowen**
STREET ADDRESS **801 Wood Valley Rd**
CITY-ST-ZIP **Greenville, AL 36037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Robert A. Bowen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04 (334) 657-4438

Date Daytime Phone #