


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2005 8:00 am
Secretary of State

08-11-2005 90004 041 ***150.00

DOCUMENT # P01000085858			
1. Entity Name TIGHT LINE CORPORATION			
Principal Place of Business 123 2ND AVE SOUTH SAFETY HARBOR, FL 34695		Mailing Address P.O. BOX 1656 SAFETY HARBOR, FL 34695	
2. Principal Place of Business 807 N. BAYSHORE		3. Mailing Address Same as Above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAFETY HARBOR		City & State	
Zip FL	Country USA	Zip	Country



07282005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3742178

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUNNELLS, KENT B 101 MAIN ST., STE. A SAFETY HARBOR, FL 34695		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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/submitting) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CONRAD, TAMMY 807 N. BAYSHORE BLVD. SAFETY HARBOR, FL 34695 <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	VD CONRAD, WAYNE 807 N. BAYSHORE BLVD. SAFETY HARBOR, FL 34695 <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
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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)(l), 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: Wayne Conrad Wayne Conrad 8-3-05 727-725-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Tight Line Corporation
807 N Bayshore Boulevard
Safety Harbor, FL 34695

06027311
#PO1000085858

September 9, 2005

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Tight Line Corporation
59-3742178

Dear Sirs:

We apparently did not receive your first notice regarding our 2005 Annual Report, perhaps due to our address change. I apologize for not meeting my filing obligation timely. The second notice was received and we did respond by sending in the \$150. Please, I am a small business person; the late fee of \$400 would be a serious hardship, I respectfully request your consideration and waive the late fee.

Sincerely,

Tammy Conrad

Tammy Conrad
President

Enclosures