

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000118520	
1. Entity Name TINKER'S TROPICAL TREASURES, INC.	

Principal Place of Business P O BOX 931 MT DORA, FL 32756	Mailing Address P O BOX 931 MT DORA, FL 32756
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01132008 No Chg-F CR2E034 (11/05)

4. FEI Number 01-0554017	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TINKER, SHANE J 32225 COUNTY RD 437 SORRENTO, FL 32778
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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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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	VPT TINKER, SHANE J P O BOX 931 MT DORA, FL 32756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TINKER, JENNIFER M. P O BOX 931 MT DORA, FL 32756
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01/30/06-80003-008 150.00

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: *Shane J Tinker* **1-16-06** **(352) 735-6141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #