

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 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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DO NOT WRITE IN THIS SPACE



03152008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0554017	Applied For Not Applicable
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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 32776

**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 _____ (NOTE: Registered Agent signature required when reinstating)

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
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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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Jennifer Tinker Jennifer Tinker 03-18-08 352-735-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #