

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118520

FILED  
Mar 11, 2009  
Secretary of State

**Entity Name:** TINKER'S TROPICAL TREASURES, INC.

**Current Principal Place of Business:**

P O BOX 931  
MT DORA, FL 32756

**New Principal Place of Business:**

32225 N COUNTY ROAD 437  
SORRENTO, FL 32776

**Current Mailing Address:**

P O BOX 931  
MT DORA, FL 32756

**New Mailing Address:**

**FEI Number:** 01-0554017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TINKER, SHANE J  
32225 COUNTY RD 437  
SORRENTO, FL 32776 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VPT ( ) Delete  
Name: TINKER, SHANE J  
Address: P O BOX 931  
City-St-Zip: MT DORA, FL 32756

Title: PS ( ) Delete  
Name: TINKER, JENNIFER M  
Address: P O BOX 931  
City-St-Zip: MT DORA, FL 32756

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SHANE TINKER

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date