

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90107 039 ***150.00

DOCUMENT # P02000065188

1. Entity Name
TIOGA TOWN CENTER, INC.



Principal Place of Business
105 SW 128TH STREET
TIOGA, FL 32669

Mailing Address
P.O. BOX 13453
GAINSVILLE, FL 32604

14016412



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
02-0630693

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DIAZ, MIGUEL J
13151 NEWBERRY RD.
TIOGA, FL 32669

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 CD ☐ Delete
NAME DIAZ, MIGUEL J
STREET ADDRESS 105 SW 128TH STREET
CITY-ST-ZIP TIOGA, FL 32669

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

TITLE P ☐ Delete
NAME DIAZ, LUIS A
STREET ADDRESS 105 SW 128TH STREET
CITY-ST-ZIP TIOGA, FL 32669

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

TITLE V ☐ Delete
NAME CANNELLA, LUISA J
STREET ADDRESS 105 SW 128TH STREET
CITY-ST-ZIP TIOGA, FL 32669

TITLE V ☒ Change ☐ Addition
NAME Cannela, Luisa G.
STREET ADDRESS 105 SW 128th Street
CITY-ST-ZIP TIOGA, FL 32669

TITLE ST ☐ Delete
NAME DIAZ, ANNELIESE
STREET ADDRESS 13151 NEWBERRY RD.
CITY-ST-ZIP TIOGA, FL 32669

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

TITLE V ☐ Delete
NAME FERRERO, HORST
STREET ADDRESS 105 SW 128TH STREET
CITY-ST-ZIP TIOGA, FL 32669

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #