## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 19, 2006 8:00 am Secretary of State

Mailing Address   Asset   As	1. Entity Name HIGH TIDE TOBACCO & GIFTS OF LARGO, INC.							07-19-2006	90009 0	)18 ***15	0.00
Suite, App. #, etc.	7500 ULMER	RTON ROAD S	UITE 20	7500 ULMERTON ROAD SUITE 20							
Suite Apr	2. Principal Place of Business										
City & State	Suite, Apt. #, etc.			Suite, Apt. #, etc.			07122006	Chg-P	CR2E0	34 (11/05)	
Signature   Sign	City & State			City & State						No	t Applicable
Name   Street Andress (P.O. 80x Number is Not Acceptable)	Zip Country		33770	33770 USA					Fee Require	litional d	
LECHNER, BERNARD J  2115 RANGE ROAD  CLEARWATER, FL 33765  8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered algent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered algent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered algent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered algent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered algent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered algent, or both, in the State of Fonda. I am familiar with, and accept the prior motion.  SIGNATURE  FILE NOW!!! FEE \$ \$150.00  Dut by September's, 2006  P. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ARADIA, ALEX S  OR FOR ENERGY AND ST  BELLEARR BLUFFS, FL 33770  Delete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14  ANAME ARMELLA, MONICA  ARMELA, MONICA  ARMELLA, MONICA  ARMELA, MONICA  ARMELA		6. Name a	and Address of Current F	Registered Agent		Name	7. Name and	Address of New R	egistered /	Agent	
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing is 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, typerd or jumisd name of registered agent, with the State of Florida. I am familiar with, and accept the obligations of registered agent. If the Signature required registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the prior material registered agent, or both, in the State of Florida. I am familiar with, and accept the p	·										
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU											
SIGNATURE    Signature   File   Now!!!   FEE   S   150.00						City			FL	Zip Code	9
FILE NOW!!! FEE S \$150.00 Due by September 6, 2006  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PARADI, ALEX S SITERI ADDRESS CITY-SI-2P CITY-SI-2P CITY-SI-2P TITLE  TITLE TITLE SAMD LALEX S STREET ADDRESS STREET ADDRESS CITY-SI-2P STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-SI-2P STREET ADDRESS STREE				the purpose of changing its	registere	d office or registe	red agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept
Trust Fund Contribution.   Added to Fees   corporation did not receive the prior notice.   10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   P	SIGNATURE_	Signature, typed or	r printed name of registered agent a	nd tide if applicable (NOTE	E. Registered	Agent signature require	d when reinstating)		DATE		
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The reby certain that the information supplied with this implied does not quality for the exemptions contained in Chapter 119, Profind a statutes. Turtler certary 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 is changed, or on an attachment with an address, with adjointer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>40' 7</u>

727-536-5

Daytime Phone #