


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-19-2006 90009 018 \*\*\*150.00

<b>DOCUMENT # P02000073689</b> 1. Entity Name <b>HIGH TIDE TOBACCO &amp; GIFTS OF LARGO, INC.</b>					
Principal Place of Business <b>7500 ULMERTON ROAD SUITE 20 LARGO, FL 33771</b>			Mailing Address <b>7500 ULMERTON ROAD SUITE 20 LARGO, FL 33771</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>206 EAST Overbrook St.</b> Suite, Apt. #, etc. <b>BELLEAIR BLUFFS, Florida</b> City & State <b>33770</b> Zip <b>33770</b>			
City & State <b>33770</b>		Country <b>USA</b>		4. FEI Number <b>03-0473668</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>LECHNER, BERNARD J 2115 RANGE ROAD CLEARWATER, FL 33765</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARADI, ALEX S</b> <b>206 E. OVERBROOK ST.</b> <b>BELLEAIR BLUFFS, FL 33770</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ARMELLA, MONICA</b> <b>206 E. OVERBROOK ST.</b> <b>BELLEAIR BLUFFS, FL 33770</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ARADI, ALEX</b> <b>206 E. OVERBROOK ST.</b> <b>BELLEAIR BLUFFS, FL 33770</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ARMELLA, MONICA</b> <b>206 E. OVERBROOK ST.</b> <b>BELLEAIR BLUFFS, FL 33770</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 another like empowered.					
SIGNATURE: <u>Alex S. Aradi</u> <b>ALEX S. ARADI</b> 7/13/06 727-536-5359 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					