2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000012643

1. Entity Name
TIGER WORKS INC.

Principal Place of Business	Mailing Address
1307 N JACKS LAKE ROAD CLERMONT, FL 34711	1307 N JACKS LAKE ROAD CLERMONT, FL 34711

02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1172099
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER AND HOSCH PA
3185 SOUTH CONWAY ROAD
ORLANDO, FL 32812

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000432839
02/23/06-80088-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOSGH, GAIL S
STREET ADDRESS	1307 N JACKS LK RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VM
NAME	HOSCH, R. SCOTT
STREET ADDRESS	1307 N JACKS LK RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	S
NAME	HOSCH, GAIL S
STREET ADDRESS	1307 N JACKS LK RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	TDC
NAME	HOSCH, GAIL
STREET ADDRESS	1307 N JACKS LK RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ GAIL S. HOSCH 02/08/06 352 988-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #