

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90031 007 ***150.00

DOCUMENT # P03000012862

1. Entity Name
TIMBUK TOO PROPERTY CORPORATION



Principal Place of Business
**300 N OSCEOLA AVE APT 6B
CLEARWATER, FL 33755**

Mailing Address
**300 N OSCEOLA AVE APT 6B
CLEARWATER, FL 33755**

2. Principal Place of Business
700 N OSCEOLA AVE

3. Mailing Address
700 N OSCEOLA AVE

Suite, Apt. #, etc.
704

Suite, Apt. #, etc.
704

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip Country
33755 USA

Zip Country
33755 USA

02142006 Chg-P CR2E034 (11/05)

4. FEI Number
33-1072592

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**INGALLS, CHESTER
3495 5 AVE NORTH
ST PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
PEENS, LOUIS
300 N OSCEOLA AVE APT 6B
CLEARWATER, FL 33755** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
PEENS, HOLGER
300 N OSCEOLA AVE APT 6B
CLEARWATER, FL 33755** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEENS, HEIDE
300 N OSCEOLA AVE APT 6B
CLEARWATER, FL 33755** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ 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 all other like empowered.

SIGNATURE:

H. PEENS
H. PEENS

02-14-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #