2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000078520

1. Entity Name
TIGER TUFF ARCHERY, INC.

Principal Place of Business	Mailing Address
567 17TH ST W PALMETTO, FL 34221	567 17TH ST W PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE

04112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0094988	Not Applicable

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

6. Name and Address of Current Registered Agent

JOERIN, CHARLES L
567 17TH ST W
PALMETTO, FL 34221

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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 _____

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

TITLE	P
NAME	JOERIN, CHARLES L
STREET ADDRESS	567 17TH ST W
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VP
NAME	PRIETO, RODOLFO D
STREET ADDRESS	567 17TH ST W
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/05-80022-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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: _Charles L Joerin_   941-721-7879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #