


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90202 030 ***150.00

DOCUMENT # P03000083858 1. Entity Name TIKI HUT TRADING, INC.					
Principal Place of Business 1303 E. TIMBERLANE DR. PLANT CITY, FL 33563			Mailing Address 1303 E. TIMBERLANE DR. PLANT CITY, FL 33563		
2. Principal Place of Business <i>1901 E. Timberlane Dr</i> Suite, Apt. #, etc.		3. Mailing Address <i>1901 E. Timberlane Dr</i> Suite, Apt. #, etc.			
City & State <i>Plant City, FL</i> Zip <i>33563</i>		City & State <i>Plant City</i> Zip <i>33563</i>		4. FEI Number 20-0110412	
Country <i>Hillsborough</i>		Country <i>Hillsborough</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOEBEL, LINDA 1303 E. TIMBERLANE DR. PLANT CITY, FL 33563				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1901 E. Timberlane Dr</i> City <i>Plant City</i> FL Zip Code <i>33563</i>	
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 <i>Linda Goebel, Pres.</i> <i>LINDA Goebel, Pres.</i> <i>4-26-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOEBEL, LINDA 1303 E. TIMBERLANE DR. PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Linda Goebel, Pres.</i> <i>LINDA Goebel, Pres.</i> <i>4-26-05</i> <i>813-757-6507</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					