



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90457 037 ***150.00

DOCUMENT # P03000103185 1. Entity Name TEASER TOO, INC.					
Principal Place of Business EAST PASS MARINA DESTIN, FL 32541			Mailing Address 352 SAILFISH DRIVE DESTIN, FL 32541		
2. Principal Place of Business Fisherman's Wharf Suite, Apt. #, etc.		3. Mailing Address 352 Sail Fish Suite, Apt. #, etc.			
City & State Destin FL Zip 32541		City & State Destin FL Zip 32541		4. FEI Number 55-0853822	
Country OK/0059		Country OK/0059		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04142005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SWIA TEK, GLENN M ESQ. 10065 WEST EMERALD COAST PARKWAY SUITE B-101 (A) DESTIN, FL 32550				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div>DATE _____</div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME MEREDITH, MARY A STREET ADDRESS 352 SAILFISH DR CITY-ST-ZIP DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP, owner NAME Ken Jorgensen STREET ADDRESS 352 sail fish dr CITY-ST-ZIP Destin, FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u><i>Ken Jorgensen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div> Date <u>5/18/05</u> <small>Date</small> </div> <div> Daytime Phone # _____ <small>Daytime Phone #</small> </div> </div>					