


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90032 015 ***150.00

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1. Entity Name
RED TIGER PRODUCTS, INC.

Principal Place of Business
PO BOX 772786
OCALA, FL 34477-2786

Mailing Address
PO BOX 772786
OCALA, FL 34477-2786

2. Principal Place of Business
840 NW 57th Avenue

3. Mailing Address
840 NW 57th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala FL

City & State
Ocala FL

Zip Country
34482

Zip Country
34482

01062006 Chg-P CR2E034 (11/05)

4. FEI Number
41-2125169

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIBBS, JAMES W
840 NW 57TH AVE
OCALA, FL 34482

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 \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	GIBBS, JAMES W	
STREET ADDRESS	PO BOX 772786	
CITY-ST-ZIP	OCALA, FL 344772786	

TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change	Addition
NAME	Gibbs, James W.		
STREET ADDRESS	840 NW 57 th Avenue		
CITY-ST-ZIP	Ocala FL 34482		

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

James W Gibbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-840-7173

Daytime Phone #