2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-05-2005 90055 038 ***150.00

DOCUMENT # P04000075921

1. Entity Name
TODAY & TONIGHT, INC.

Principal Place of Business	Mailing Address
571 GRAND CAYMAN CIRCLE LAKELAND, FL 33803	571 GRAND CAYMAN CIRCLE LAKELAND, FL 33803

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03082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
56066 Cypress Gardens Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, Fl	City & State
Zip: 33884 Country: USA	Zip Country

4. FEI Number: 76-0758170 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VINCENT, BRYAN G 571 GRAND CAYMAN CIRCLE LAKELAND, FL 33803	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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D VINCENT, BRYAN G 571 GRAND CAYMAN CIRCLE LAKELAND, FL 33803 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary LINDA E ADAMS 571 GRAND CAYMAN CIR LAKELAND, FL 33803 ☑ Change ☑ Addition
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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)(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: Linda E Adams, Sec — 4/1/05 — 863 6824178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #