

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000002845					
1. Entity Name JAY H. TIFFIN & ASSOCIATES, INC.					
Principal Place of Business 5 DESOTO PLACE BELLEAIR FL 33756 US			Mailing Address 5 DESOTO PLACE BELLEAIR FL 33756 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3159176	
				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	
TIFFIN, JOHN S 5 DESOTO PL BELLEAIR FL 33756				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Add
NAME	TIFFIN, JAY H			NAME	
STREET ADDRESS	5 DESOTO PLACE			STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 33756			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Add
NAME	TIFFIN, SUSAN G			NAME	
STREET ADDRESS	5 DESOTO PLACE			STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 33756			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Add
NAME	TIFFIN, JOHN S			NAME	
STREET ADDRESS	5 DESOTO PL			STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 33756			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Add
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	



1st MOORE CR2E034 (10/05)

UN00000399134
01/31/06-80027-022 150.00

1/24/06 (127) 581-562

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jay H. Tiffin Jay H. Tiffin
5 DeSoto Pl.