2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000039822

1. *Entity Name*
TIGER SHARK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3800 W. HILLSBOROUGH AVE TAMPA, FL 33614 US	3800 W. HILLSBOROUGH AVE TAMPA, FL 33614 US

01242006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3190245	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

R. JAMES ROBBINS, JR, .
101 EAST KENNEDY BOULEVARD
SUITE 3700
TAMPA, FL 33602-0000

DO NOT WRITE IN THIS SPACE

6. 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_____   DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

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	03/23/06-00054-011 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WOOLEY, J I
STREET ADDRESS	3800 W. HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33614

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: _____ J. J. Wooley   3/8/06   (813) 865-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #