


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000037868

1. Entity Name
TIGER POINT TRAVEL, INC.



Principal Place of Business Mailing Address

**3043 GULF BREEZE PKWY
 GULF BREEZE FL 32563
 US** **3043 GULF BREEZE PKWY
 GULF BREEZE FL 32563
 US**



1st MOORE CR2E034 (10/04)

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 Applied For

59-3243824 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHANE, JUDITH C
 3043 GULF BREEZE PKWY.
 GULF BREEZE FL 32563**

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 *Judith C. Shane* *Judith C. Shane President* *2-2-05*

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHANE, JUDITH C	
STREET ADDRESS	2 PORTOFINO DR STE 707	
CITY- ST- ZIP	PENSACOLA BEACH FL 32561	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHANE, RAYMOND R	
STREET ADDRESS	2 PORTOFINO DR STE 707	
CITY- ST- ZIP	PENSACOLA BEACH FL 32561	
TITLE	S	<input type="checkbox"/> Delete
NAME	WADE, TRACI E	
STREET ADDRESS	3232 CYPRESS LN	
CITY- ST- ZIP	GULF BREEZE FL 32563	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHANE, BRIAN R	
STREET ADDRESS	5089 MANDAVILLA BLVD	
CITY- ST- ZIP	GULF BREEZE FL 32563	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHANE, GLENN D	
STREET ADDRESS	2880 SEMORAN DR	
CITY- ST- ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000219747	
STREET ADDRESS	02/08/05-80041-002 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Raymond R. Shane V. Pres.* *2-2-05*

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