


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90406 008 \*\*\*150.00

**DOCUMENT # P94000037868**

1. Entity Name  
**TIGER POINT TRAVEL, INC.**



Principal Place of Business      Mailing Address  
**3043 GULF BREEZE PKWY**      **3043 GULF BREEZE PKWY**  
**GULF BREEZE, FL 32563 US**      **GULF BREEZE, FL 32563 US**

40058819

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

04112006    Chg-P      CR2E034 (11/05)

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 \_\_\_\_\_ 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**

**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		
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		
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 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: Raymond R Shane      V. Pres      4-19-06      934-8526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Raymond R. Shane