

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037868

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: TIGER POINT TRAVEL, INC.

## Current Principal Place of Business:

3043 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

## New Principal Place of Business:

## Current Mailing Address:

3043 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

## New Mailing Address:

FEI Number: 59-3243824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHANE, JUDITH C  
Address: 2 PORTOFINO DR STE 707  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: V ( ) Delete  
Name: SHANE, RAYMOND R  
Address: 2 PORTOFINO DR STE 707  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: S ( ) Delete  
Name: WADE, TRACI E  
Address: 3232 CYPRESS LN  
City-St-Zip: GULF BREEZE, FL 32563

Title: T ( ) Delete  
Name: SHANE, BRIAN R  
Address: 5089 MANDAVILLA BLVD  
City-St-Zip: GULF BREEZE, FL 32563

Title: V ( ) Delete  
Name: SHANE, GLENN D  
Address: THREE PORTOFINO DR SUITE 1909  
City-St-Zip: PENSACOLA BEACH, FL 32561

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SHANE, JUDITH C  
Address: 4 PORTOFINO DR STE 901  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: V (X) Change ( ) Addition  
Name: SHANE, RAYMOND R  
Address: 4 PORTOFINO DR STE 901  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH C SHANE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/05/2008

\_\_\_\_\_  
Date