

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037868

FILED
Apr 02, 2009
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:

SHANE, JUDITH C
4 PORTOFINO DRIVE
SUITE 901
PENSACOLA BEACH, FL 32561 US

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

04/02/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: V () Delete
Name: SHANE, RAYMOND R
Address: 4 PORTOFINO DR STE 901
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

Title: V (X) Change () Addition
Name: SHANE, GLENN D
Address: TWO PORTOFINO DR SUITE 707
City-St-Zip: PENSACOLA BEACH, FL 32561

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: RAYMOND R. SHANE

Electronic Signature of Signing Officer or Director

V.PR

04/02/2009

Date