


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Jan 10, 2005 08:00 AM  
Secretary of State

DOCUMENT # P95000043579 1. Entity Name TIGER POINT PAINT AND BODY, INC.	
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Principal Place of Business 3630 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	Mailing Address 3630 GULF BREEZE PARKWAY GULF BREEZE, FL 32563
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**DO NOT WRITE IN THIS SPACE**

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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3320681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NOBREGA, LEONARD A 3630 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NOBREGA, LEONARD A 3630 GULF BREEZE PARKWAY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT NOBREGA, GLORIA F 3630 GULF BREEZE PARKWAY GULF BREEZE, FL 32563
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01/10/05-80062-025 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  1/5/05 8509345954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #