

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000043579	
1. Entity Name TIGER POINT PAINT AND BODY, INC.	

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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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3320681** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent	
NOBREGA, LEONARD A 3630 GULF BREEZE PARKWAY 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS NOBREGA, LEONARD A 3630 GULF BREEZE PARKWAY GULF BREEZE FL 32563	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT NOBREGA, GLORIA F 3630 GULF BREEZE PARKWAY GULF BREEZE FL 32563	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000398652 01/31/06-80006-014 158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplement 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 an other like empowered.

SIGNATURE: *Leonard A. Nobrega* **LEONARD A. NOBREGA** 1/19/06 850 934 5954