

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90031 006 \*\*\*550.00

**DOCUMENT # P96000070477**

1. Entity Name  
**MEMTIDE PARTNERS, INC.**



Principal Place of Business  
**546 MARY ESTHER BLVD.  
FORT WALTON BEACH, FL 33548 US**

Mailing Address  
**546 MARY ESTHER BLVD.  
FORT WALTON BEACH, FL 33548 US**

**50059196**



2. Principal Place of Business  
**5170 SANDERLIN AVE**

3. Mailing Address  
**5170 SANDERLIN AVE**

Suite, Apt. #, etc.  
**202**

Suite, Apt. #, etc.  
**202**

City & State  
**MEMPHIS TN**

City & State  
**MEMPHIS TN**

Zip  
**38117**

Country  
**USA**

Zip  
**38117**

Country  
**USA**

07132005 Chg-P CR2E034 (10/03)

4. FEI Number  
**62-1656013**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LAUNCH, ROBERT  
C/O RESORT QUEST  
546 MARY ESTHER BLVD.  
FORT WALTON BEACH, FL 32548**

7. Name and Address of New Registered Agent

Name  
**THOMAS F. SCHAFFLER**

Street Address (P.O. Box Number is Not Acceptable)  
**PREMIER HOLDINGS COMPANY  
1234 AIRPORT ROAD # 108**

City  
**DESTIN**

FL  
**32541**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/28/05**

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
**P**

NAME  
**LAUNCH, ROBERT M**

STREET ADDRESS  
**546 MARY ESTHER BLVD.**

CITY-ST-ZIP  
**FORT WALTON BEACH, FL 32548**

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
**P**

NAME  
**THOMAS F. SCHAFFLER**

STREET ADDRESS  
**5170 SANDERLIN AVE # 202**

CITY-ST-ZIP  
**MEMPHIS, TN 38117**

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/05 9017630160**

Date

Daytime Phone #