2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90012 031 ***150.00

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1. Entity Name
TIDE AND TIGER, INC.

Principal Place of Business	Mailing Address
2215 BUENA VISTA DR CLEARWATER, FL 33764	2215 BUENA VISTA DR CLEARWATER, FL 33764

03072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9360 FOX HOLLOW LANE	9360 FOX HOLLOW LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEEKI WACHEE, FL	City & State: WEEKI WACHEE, FL
Zip: 34613 Country: USA	Zip: 34613 Country: USA

4. FEI Number: 59-3593676 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, PRESTON
2215 BUENA VISTA DR
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 9360 FOX HOLLOW LANE
City: WEEKI WACHEE **FL** Zip Code: 34613

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, PRESTON 2215 BUENA VISTA DR CLEARWATER, FL 33764 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 9360 FOX HOLLOW LANE WEEKI WACHEE, FL, 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, JUDY 2215 BUENA VISTA DR CLEARWATER, FL 33764 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 9360 FOX HOLLOW LANE WEEKI WACHEE, FL, 34613
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: Preston B. Thompson 3-30-05 352-597-0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #