

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90156 040 \*\*\*150.00

<b>DOCUMENT # P99000078471</b>																																																																	
<b>1. Entity Name</b> TIDE AND TIGER, INC.																																																																	
<b>Principal Place of Business</b> 9360 FOX HOLLOW LANE WEEKI WACHEE, FL 34613			<b>Mailing Address</b> 9360 FOX HOLLOW LANE WEEKI WACHEE, FL 34613																																																														
<b>2. Principal Place of Business</b> 1901 60 <sup>th</sup> PLACE E. Suite, Apt. #, etc. SUITE L2450 City & State BRADENTON FL Zip 34203 Country MANATEE		<b>3. Mailing Address</b> 1901 60 <sup>th</sup> PLACE E. Suite, Apt. #, etc. SUITE L2450 City & State BRADENTON FL Zip 34203 Country MANATEE																																																															
<b>4. FEI Number</b> 59-3593676		<b>Applied For</b> <input type="checkbox"/> Not Applicable																																																															
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b>  THOMPSON, PRESTON 9360 FOX HOLLOW LANE WEEKI WACHEE, FL 34613																																																													
<b>7. Name and Address of New Registered Agent</b> Name THOMPSON, PRESTON Street Address (P.O. Box Number is Not Acceptable) 1901 60 <sup>th</sup> PLACE E. SUITE L2450 City BRADENTON FL Zip Code 34203				<b>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.</b>  SIGNATURE  DATE 3-6-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>10. OFFICERS AND DIRECTORS</b>																																																													
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOMPSON, PRESTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9360 FOX HOLLOW LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEEKI WACHEE, FL 34613</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOMPSON, JUDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9360 FOX HOLLOW LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEEKI WACHEE, FL 34613</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	P	<input type="checkbox"/> Delete	NAME	THOMPSON, PRESTON		STREET ADDRESS	9360 FOX HOLLOW LANE		CITY-ST-ZIP	WEEKI WACHEE, FL 34613		TITLE	ST	<input type="checkbox"/> Delete	NAME	THOMPSON, JUDY		STREET ADDRESS	9360 FOX HOLLOW LANE		CITY-ST-ZIP	WEEKI WACHEE, FL 34613		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>																																																																	
<b>SIGNATURE:</b>		3-6-2006		352-238-5829																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>																																																													