## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name TIDE AND TIGER, INC.					03-09-2006 90156 040 ***150.00					
Principal Place of Business		Mailing Address		·						
9360 FOX HOLLOW LANE Weeki Wachee, FL 34613		9360 FOX HOLLOW LANE WEEKI WACHEE, FL 34613		į						
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2. Principal Place of Business		3. Mailing Address								
1901 60 13 PLACE E, Suite, Apt. #, etc.		1901 60 PLACE E, Suite, Apt. #, etc.				05 - D	0000004 (4)			
SUITE L2450		SUITE 12450			02282006	Chg-P	CR2E034 (1	1/05)		
City & State		City & State			4. FEI Numb	*		<del> </del>	olied For	
BRADENTON FL Zip Country		BRADENTON, FL. Zip Country			\$0.75 Additional				Applicable	
34203		34203	MANATEE		<ol><li>Certificate</li></ol>	of Status Desired		equired		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
THOMPSON, PRESTON					MASON PRESTON					
9360 FOX HOLLOW LANE				Street Address (P.O. Box Number is Not Acceptable)						
WEEKI WACHEE, FL 34613				SUITE L2450						
			City	<u></u>	<u>L2730</u>	<u></u>	FL Zi	p Code		
8 The above	named entity submits this statement for	or the numbers of changing its	registered office of	RADI	MYON .	the in the State of E		3420	23	
	tions of registered agent.	ir pac purpose of changing its	registered onice of	register	ea agent, or bo	in, in the State of Fi	onda. Tam iamila	rwiin, a	ing accept	
SIGNATURE State to project or pright dame of projected agent and the disposable (NOTE-Benistered Agent screening) DATE										
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees										
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF				
MAME	THOMPSON, PRESTON	☐ Delete	TITLE NAME	Paa-	and T	dom Arial A	[ <b>]</b> *(1		☐ Addition	
STREET ADDRESS	9360 FOX HOLLOW LANE			190	1 60 H	HOMPSON, PLACE'E,	SUME L	-24	50	
CITY-ST-ZIP	WEEKI WACHEE, FL 34613	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	BEA	DENTON	FL 34-	203			
TIPLE	ST THOMPSON HIDY	☐ Delete	TITLE	57			E C	-	☐ Addition ☐	
name Street address	THOMPSON, JUDY 9360 FOX HOLLOW LANE		NAME Street Address	THO	MASON,	JUDY PLACE E	SUITE	L24.	50	
CITY-ST-ZIP	WEEKI WACHEE, FL 34613 Cr			BAA	DENTON	FL 34	203			
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	]					1	
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NAME			NAME	}					ļ	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip							
TITLE		☐ Delete	TITLE					nange	Addition	
NAME			NAME				_	•	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip							
TITLE		Delete	TITLE	<u> </u>	<del> </del>			nangé	☐ Addition	
Name -			NAME				J.	<b>3</b> -		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
	certify that the information supplied with	this filing does not qualify for		nntained	in Chanter 110	Florida Statuton	further certify the	t the inf	ormation	
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.										
SIGNATURE: 1 11 1/2 1/20 ( 352 238.5829 -										
SIGNATURE: 11.6.20.6 352.238.5829 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Date  Description Prome #										