

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90164 010 ***150.00

DOCUMENT # H26705 1. Entity Name TROPICAL REALTY & INVESTMENTS, INC.					
Principal Place of Business 4532 US HWY 19 2ND FLOOR NEW PORT RICHEY, FL 34652			Mailing Address 4532 US HWY 19 2ND FLOOR NEW PORT RICHEY, FL 34652		
2. Principal Place of Business 7916 Evolutions Way Suite 106 Trinity FL 34655 USA		3. Mailing Address 7916 Evolutions Way Suite 106 Trinity FL 34655 USA			
4. FEI Number 59-2453557				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, D. DEWEY 4532 US HWY 19 SECOND FLOOR NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name Mitchell, D.D. Street Address (P.O. Box Number is Not Acceptable) 7916 Evolutions Way Suite 106 City Trinity FL Zip Code 34655		
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 D. Dewey Mitchell 4-27-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, D DEWEY 8600 SR 54 NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUMBLY, ALLEN S 10811 PANICUM CT NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD HAUFF, LINDA S 13436 14TH ST DADE CITY, FL 33525	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STOCKTON, LARRY C 5606 IVY LANE HOLIDAY, FL 34690	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HAUSEN, LAURA M 9541 DOTTIE DR NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP O'CONNELL, CAROL D P O BOX 953 DADE CITY, FL 33526	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: D. Dewey Mitchell			Date 4-27-06		

ATTACHMENT

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40068967
H26705

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