

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031528

Entity Name: TROPICAL BEACH WEDDINGS, INC.

Current Principal Place of Business:

8486 NAVARRE PKWY
NAVARRE, FL 32566

Current Mailing Address:

6483 SURFSIDE COVE
GULF BREEZE, FL 32563 US

FEI Number: 20-2421884

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORATH, SHANNON L
56 SPIRES LANE
16A
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name JONES, CECELIA A
Address 6483 SURFSIDE COVE
City-State-Zip: GULF BREEZE FL 32563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CECELIA A JONES

PRESIDENT

03/03/2014

Electronic Signature of Signing Officer/Director Detail

Date