


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90087 044 ***150.00

DOCUMENT # 206423 1. Entity Name TROPICAL MUSIC SERVICE INC	
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Principal Place of Business 219 S. PACKWOOD AVE. TAMPA, FL 33606-8887	Mailing Address 219 S. PACKWOOD AVE. TAMPA, FL 33606-8887
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DO NOT WRITE IN THIS SPACE




04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0821305	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SALGADO, PAUL Raul Jr TROPICAL MUSIC SERVICE, INC. 219 S. PACKWOOD AVENUE TAMPA, FL 33606	NAME MISSPELLED

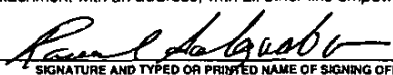
DO NOT WRITE IN THIS SPACE

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: 	RAUL SALGADO JR/PRESIDENT	04/11/05
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANNER, H. GLENN 407 S. SHORE CREST DR. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALGADO, RAUL 822 WHITE HERON BLVD RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TANNER, SALLY 407 S. SHORE CREST DR. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAUGHAN, MICHAEL S 4006 WOODACRE LANE TAMPA, FL 336241223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	RAUL SALGADO JR/PRESIDENT	4/11/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

813-253-0093