2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# 567461

Entity Name: TROPICAL INN, INC.

Current Principal Place of Business:

5210 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

5210 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 59-1832099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRY, HANK
2242 MAIN ST
FT MYERS, FL 33902 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOGDANSKI, PAUL,
Address: 1330 CLARET COURT
City-St-Zip: FT MYERS BEACH, FL 33919

Title: VPT ( ) Delete
Name: BOGDANSKI, PAUL,
Address: 1330 CLARET COURT
City-St-Zip: FT MYERS BEACH, FL 33919

Title: S ( ) Delete
Name: BOGDANSKI, BARBARA
Address: 1330 CLARET COURT
City-St-Zip: FORT MYERS BEACH, FL 33919

Title: D ( ) Delete
Name: WITTER, AMANDA
Address: 8900 BRIGHTON LANE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: AMANDA WITTER D 03/31/2004

Electronic Signature of Signing Officer or Director Date