2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# G43520

Entity Name: TROPICAL ENTERPRISES AND BROKERS, INC.

Current Principal Place of Business:

4796 49TH AVE N
SAINT PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

PO BOX 60516
ST PETERSBURG, FL 33784

New Mailing Address:

FEI Number: 59-2301149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUELLER, KENNETH R.
4796 49TH AVE N
SAINT PETERSBURG, FL 33714

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:	PTD	( ) Delete
Name:	MUELLER, KENNETH R.,	
Address:	507 LOOKOUT COURT	
City-St-Zip:	LARGO, FL	
Title:	D	( ) Delete
Name:	MUELLER, WALT,	
Address:	6579 PEARL RD.	
City-St-Zip:	PARMA HTS., OH	
Title:	VP	( ) Delete
Name:	WILEY DEBRA,	
Address:	4796 49TH AVE. NORTH	
City-St-Zip:	ST. PETERSBURG, FL	
Title:	SD	( ) Delete
Name:	WILEY, DEBRA,	
Address:	4796 49TH AVE. NORTH	
City-St-Zip:	ST. PETERSBURG, FL	

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: DEBRA S. WILEY VP 04/28/2004

Electronic Signature of Signing Officer or Director — Date