

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84485

FILED
Mar 19, 2004
Secretary of State

Entity Name: TROPICAL PACKAGE STORE, INC.

Current Principal Place of Business:

508 FLEMING ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

508 FLEMING ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2419793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JOSEPH B., III
604 WHITEHEAD STREET
KEY WEST, FL 33040

Name and Address of New Registered Agent:

NEWHOUSE, PAULA L MS.
407 WHITEHEAD STREET
KEY WEST, FL 33040

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: PAULA L. NEWHOUSE

03/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NEWHOUSE, GREGORY LE, E
Address: 616 EATON ST.
City-St-Zip: KEY WEST, FL

Title: D (X) Delete
Name: CROSS, PAULA LOUISE,
Address: 620 EATON ST.
City-St-Zip: KEY WEST, FL

Title: D (X) Delete
Name: CLIFTON, LEE ANTOINETTE
Address: 420 ELIZABETH ST APT 2
City-St-Zip: KEY WEST, FL

Title: D (X) Delete
Name: CROSS, PAULA,
Address: 620 EATON
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NEWHOUSE, PAULA L MS.
Address: 407 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040 US

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: PAULA L. NEWHOUSE

DP

03/19/2004

Electronic Signature of Signing Officer or Director

Date