
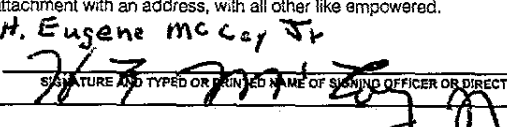


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J64735</b> 1. Entity Name <b>TROPICAL PLACE, INC.</b>		
Principal Place of Business <b>% H. EUGENE MCCOY, JR.</b> <b>523 BAHAMA DR.</b> <b>INDIAN HARBOUR BEACH, FL 32937</b>	Mailing Address <b>% H. EUGENE MCCOY, JR.</b> <b>523 BAHAMA DR.</b> <b>INDIAN HARBOUR BEACH, FL 32937</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  <b>MCCOY, H. EUGENE, JR.</b> <b>523 BAHAMA DR.</b> <b>INDIAN HARBOUR BEACH, FL 32937</b>		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE _____
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCOY, H. EUGENE, JR.</b> <b>523 BAHAMA DRIVE</b> <b>INDIAN HARBOUR BCH., F,</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, H. L. (III)</b> <b>1901 HIGHWAY A1A SUITE 4</b> <b>INDIAN HARBOUR BCH, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARRISON, JIM</b> <b>1338 S. CARPENTER ROAD</b> <b>TITUSVILLE, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>H. Eugene McCoy Jr</b> 		



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

1100000510247  
04/28/06-80076-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

**11 April 2006** **321-**  
**427-488**