

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90032 027 ***150.00

DOCUMENT # K39333

1. Entity Name
TROPICAL REAL ESTATE, INC.



Principal Place of Business
4916 SHETLAND TR
6220 SOUTH ORANGE BLOSSOM TR. SUITE 194
ORLANDO, FL 32808 US

Mailing Address
TROPICAL RE INC
4916 SHETLAND TR
ORLANDO, FL 32808 US

94058174



2. Principal Place of Business
4916 SHETLAND TR.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04152004 Chg-P CR2E034 (10/03)

City & State
ORLANDO FL

Zip
32808

Country
US

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FREEMAN, CAROLYN B.
6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 194
ORLANDO, FL 32809

7. Name and Address of New Registered Agent
Name: BARCO, CARROLL S.
Street Address (P.O. box Number is Not Acceptable)
709 WALTHAM AVENUE
City: ORLANDO FL Zip Code: 32809

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: [Signature] DATE: 4/14/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, CAROLYN B. 6220 S. ORANGE BLSSM TR ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BARCO, CARROLL S. 709 WALTHAM AVENUE ORLANDO FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, JOSEPH D 2770 S ORANGE BLOSSOM TR ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] JOSEPH D. GRIFFIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/16/04 Daytime Phone #: 407-423-5263