


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90063 010 ***150.00

DOCUMENT # K66001	
Name TROPICAL ISLAND COMPANY, INC.	

Place of Business 373 STIRRUP KEY BLVD. MARATHON, FL 33050-2943	Mailing Address 373 STIRRUP KEY BLVD. MARATHON, FL 33050-2943
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Place of Business - No P.O. Box #	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
City & State	
Country	Country

40006067



01032007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0115200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ERWAN DAVID P 6603 OVERSEAS HIGHWAY 5800 OVERSEAS HWY. MARATHON, FL 33050 MARATHON FL 33050

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5800 OVERSEAS HWY. City MARATHON FL Zip Code 33050
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ADDRESS CHANGE ONLY

I, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME DPS SCHINDLER, GAIL E. STREET ADDRESS 373 STIRRUP KEY BLVD. CITY-STATE-ZIP MARATHON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DVT SCHINDLER, MARVIN F. STREET ADDRESS 373 STIRRUP KEY BLVD. CITY-STATE-ZIP MARATHON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 provided 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>GAIL E. SCHINDLER</u>	1-17-07	3057437439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #