




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-07-2004 90002 021 ***150.00

DOCUMENT # L59004					
1. Entity Name TROPICAL CREATIONS OF DAYTONA, INC.					
Principal Place of Business 701 GLADES CT. SUITE B PORT ORANGE, FL 32127-4323			Mailing Address 701 GLADES CT. SUITE B PORT ORANGE, FL 32127-4323		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3006910	
32127-4323		32127-4323		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUMMERLIN, DAVID A. 701 GLADES COURT SUITE B PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 				DATE 7.2.04	
FILE NOW! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERLIN, DAVID A.			NAME	David A. Summerlin
STREET ADDRESS	782 FALCON DR			STREET ADDRESS	670 Overlook Trail
CITY-ST-ZIP	PORT ORANGE, FL			CITY-ST-ZIP	Port Orange, FL 32127-5971
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	SIMMONS, ROBERT R.	(Deceased)		NAME	
STREET ADDRESS	784 FALCON DR			STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORMAN, ROBERT			NAME	
STREET ADDRESS	6094 SABAL BROOK WAY			STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL			CITY-ST-ZIP	32124-7067
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 				David Summerlin, Pres 7/2/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

66430380



07022004 Chg-P CR2E034 (10/03)

386-756-4240



Attachment
Ord. # L59004

66480380

CUSTOM APPAREL

7/19/04

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: L59004

To Whom It May Concern:

I am writing pursuant to request an abatement on the \$400.00 penalty assessed for late payment on the above referenced account. The reason we are in arrears on making this payment is because in the last quarter of 2003, one of our three partners, Randy Simmons fell ill for approximately 6 weeks. Randy died suddenly on December 12, 2003. This was a low period for our company and hit our bookkeeping department the hardest as Randy's wife and daughter-in-law were making hospital and funeral arrangements and were the individuals responsible for all bookkeeping and correspondence with the Division of Corporations. They were out of the office much of the time during his illness through his death. It took us approximately 4 weeks after Randy died to hire another bookkeeper. We hired someone as soon as we were informed of the fact that Randy's wife would not be returning as our bookkeeper.

On January 29, 2004, the second of our three partners, Robert Dorman fell ill and suffered a heart attack, resulting in surgery and downtime from the business for approximately 4 weeks. Shortly after Robert Dorman returned to work from his heart attack, our new bookkeeper, Linda Hall submitted her resignation citing an opportunity she could not pass up. Tana Keith was hired to replace Linda the very next day. The outcome, unfortunately, has been confusion and scrambling to try and make sense out of what three bookkeepers have paid when, where and how. Our current bookkeeper look received the late notice and asked me how to address it. I asked her to look for any prior notification from the division of Corporations regarding this annual report, of which she was able to find nothing on the matter.

Attachment
Doc. # L59004
66430380

Due to death, illness and confusion in the aftermath, we request that you abate the \$400.00 penalty and update our report as indicated. If you should have any questions, or I can be of assistance, please feel free to contact me.

Sincerely,



David Summerlin
President