


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90002 010 ****61.25

DOCUMENT # N03000004083

1. Entity Name
TROPIC RANCH COOPERATIVE, INC.



Principal Place of Business
**4560 EL MAR DR
 LAUDERDALE-BY-THE-SEA, FL 33308**

Mailing Address
**4560 EL MAR DR
 LAUDERDALE-BY-THE-SEA, FL 33308**

54070991

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 City & State

Zip
 Country

Zip
 Country



08242004 Chg-NP CR2E037 (10/03)

4. FEI Number
54-2112111

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MULLEN, JOSEPH P ESQ
 MULLEN & BIZZARRO, P.A.
 2929 E COMMERCIAL BLVD, STE PH-C
 FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 8, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	TODD, JOHN J
STREET ADDRESS	6689 ARGENTA TRIAL
CITY-ST-ZIP	INVER GROVE HEIGHTS, MN 55077
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, FRANK H JR
STREET ADDRESS	P O BOX 214
CITY-ST-ZIP	PINEHURST, NC 28370
TITLE	D <input type="checkbox"/> Delete
NAME	DOUGHERTY, RUTH
STREET ADDRESS	4875 SHERBURN LANE #1-L
CITY-ST-ZIP	LOUISVILLE, KY 40207
TITLE	D <input type="checkbox"/> Delete
NAME	NICHOLS, JOHN
STREET ADDRESS	124 BRIARCLIFF DR
CITY-ST-ZIP	ST CHARLES, MO 63301
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, RALPH
STREET ADDRESS	288 EASTFORD RD
CITY-ST-ZIP	SOUTHBRIDGE, MA 01550
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 617, 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: John J. Todd Sec. August 26, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #