

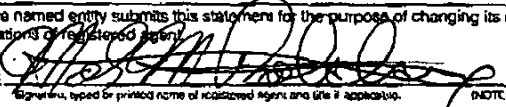
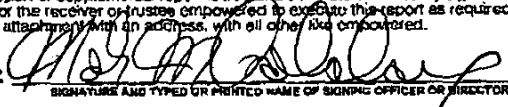
FROM : SAWENBUS SERVICE

FAX NO. : 7273602956

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90184 011 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000045819			
1. Entity Name TROPICAL VIEWS, INC.			
Principal Place of Business 7217 GULF BLVD #4 SAINT PETERSBURG BEACH, FL 33706		Mailing Address PO BOX 66645 SAINT PETERSBURG BEACH, FL 33706	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
04212008		Chg-P	
CRZE034 (11/05)			
4. FEI Number 59-3646583		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBICHAUX, MARK M 7217 GULF BLVD #4 ST. PETE BEACH, FL 33706		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:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW! FEE IS \$150.00 After May 1, 2006 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	P	TITLE	
NAME	ROBICHAUX, MARK M	NAME	
STREET ADDRESS	7217 GULF BLVD #4	STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	YODER, SALLY G	NAME	
STREET ADDRESS	5050 GULF BLVD #444 6400-46 Ave N #102	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706-33709	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 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 filers empowered.			
SIGNATURE: 		4/25/06 727-363-6634	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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