


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90005 030 ***150.00

DOCUMENT # P00000046157					
1. Entity Name TROPICAL CHEESESTEAK, INC.					
Principal Place of Business 12271 LEXINGTON PARK DR #303 TAMPA, FL 33626			Mailing Address P.O. BOX 25452 TAMPA, FL 33622		
2. Principal Place of Business - No P.O. Box # 37335 Church St			3. Mailing Address P.O. Box 997		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DADE City FL		City & State DADE City FL		4. FEI Number 59-3732308	
Zip 33525		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33526		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANCE, ROY D 12271 LEXINGTON PARK DR #303 TAMPA, FL 33626			7. Name and Address of New Registered Agent Name Philip K. Vance Street Address (P.O. Box Number is Not Acceptable) 37335 Church Street City DADE City FL Zip Code 33525		
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 <u><i>Philip Vance</i></u> <u><i>PHIL VANCE</i></u> <u><i>4-28-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANCE, ROY D 12271 LEXINGTON PARK DR #303 TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANCE, PHILIP K 37335 CHURCH STREET DADE CITY, FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <u><i>Philip Vance</i></u> <u><i>PHIL VANCE</i></u> <u><i>4-28-07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

352-999-0029