

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000069895

1. Entity Name
TROPICAL BAY INN MOTEL, INC.



Principal Place of Business
**22968 BAYSHORE RD
PORT CHARLOTTE, FL 33980 US**

Mailing Address
**22968 BAYSHORE RD
PORT CHARLOTTE, FL 33980 US**



03062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1047415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**DELUCIA, ALISA
22968 BAYSHORE RD
PORT CHARLOTTE, FL 33980**

**DO NOT WRITE
IN THIS SPACE**

6. 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 *Alisa Delucia president* *Don St. Louis vice pres.* *4/20/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**000000123729
04/22/04-80015-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELUCIA, ALISA
STREET ADDRESS	22968 BAYSHORE RD.
CITY-ST-ZIP	CHARLOTTE HBR, F 33980

TITLE	PD
NAME	DELUCIA, DOMINICK
STREET ADDRESS	22968 BAYSHORE RD.
CITY-ST-ZIP	CHARLOTTE HBR, FL 33980

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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: *Alisa Delucia president* *4/24/04 941-625-3004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #