

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90100 039 ***150.00

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1. Entity Name

TROPICAL ISLAND TRADING COMPANY, INC.



Principal Place of Business

432 GREEN STREET
KEY WEST, FL 33040

Mailing Address

432 GREEN STREET
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1065435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLAIN, MICHAEL P
3314 NORTHSIDE DRIVE
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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

Michael P McClain

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCCAIN, MICHAEL P
STREET ADDRESS 3314 NORTHSIDE DR., #131
CITY-ST-ZIP KEY WEST, FL 33040

TITLE VP
NAME MCCAIN, MADLEN
STREET ADDRESS 3314 NORTHSIDE DR., #131
CITY-ST-ZIP KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Michael P McClain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

305-296-8269

Daytime Phone #