

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90102 034 \*\*\*150.00

**DOCUMENT # P00000112825**

1. Entity Name

TROPICAL SUN CHASERS, INC.



Principal Place of Business

1175 PEACHTREE ROAD  
DAYTONA BEACH, FL 32114

Mailing Address

1175 PEACHTREE ROAD  
DAYTONA BEACH, FL 32114

14016167



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3685933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOETTSCH, DEBRA P  
1175 PEACHTREE RD.  
DAYTONA BEACH, FL 32114

**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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GOETTSCH, DEBRA P
STREET ADDRESS	1175 PEACHTREE ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VD
NAME	GOETTSCH, RICHARD T
STREET ADDRESS	1175 PEACHTREE ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	SD
NAME	GOETTSCH, ANDREA M
STREET ADDRESS	1175 PEACHTREE ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	TD
NAME	GOETTSCH, MICHAEL J
STREET ADDRESS	1175 PEACHTREE ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 386-257-3663  
Date Daytime Phone #