

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048093

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: TUMULO SPICE, INC.

## Current Principal Place of Business:

145 MARKET STREET INN  
DESTIN, FL 32550

## New Principal Place of Business:

147 MARKET STREET INN  
DESTIN, FL 32550

## Current Mailing Address:

138 FISHERMAN'S COVE  
DESTIN, FL 32550

## New Mailing Address:

FEI Number: 59-3730759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLEAT, DAVID B  
4477 LEGENDARY DR, STE 202  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

COFFIELD, P. COLLEEN  
1719 S. COUNTY HWY 393  
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: P. COLLEEN COFFIELD

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TUSA, ANTHONY JOSEPH JR  
Address: 512 OSCEOLA DR  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: MURDOCK, JERRY  
Address: 502 OSCEOLA DR  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: LOPP, ROBERT A  
Address: 36 CALYPSO CAY  
City-St-Zip: DESTIN, FL 32541

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HAY, PATTY  
Address: 147 MARKET STREET INN  
City-St-Zip: DESTIN, FL 32550

Title: D (X) Change ( ) Addition  
Name: SNIPE, KAY  
Address: 147 MARKET STREET INN  
City-St-Zip: DESTIN, FL 32550

Title: D (X) Change ( ) Addition  
Name: EAGER, TERESA A  
Address: 147 MARKET STREET INN  
City-St-Zip: DESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY SNIPE

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date