

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 10, 2009
Secretary of State**

DOCUMENT# P01000084720

Entity Name: TROPICAL OF KEY LARGO, INC.

Current Principal Place of Business:

12 SNIPE RD.
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

12 SNIPE RD.
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-1132526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMPAGNE, RICHARD E
202 LOWER MATECUMBE RD
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, VAN J
Address: 12 SNIPE ROAD
City-St-Zip: KEY LARGO, FL 33037

Title: V () Delete
Name: CHAMPAGNE, RICHARD E
Address: 202 LOWER MATECUMBE RD
City-St-Zip: KEY LARGO, FL 33037

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: DAYTON, DOUGLAS A
Address: 744 LARGO ROAD
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VAN BROWN

P

08/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date