2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# P01000092735

Entity Name: TROPICAL NATURE TRAVEL, INC.

Current Principal Place of Business:

2001 NE 7 TERR
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2001 NE 7 TERR
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-3746652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, ELIZABETH L
2001 NE 7 TERR
GAINESVILLE, FL 32609 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEVANE, RICHARD
Address: 1314 28TH ST NW
City-St-Zip: WASHINGTON, DC 20007

Title: D ( ) Delete
Name: MUNN, CHARLES
Address: 10802 HUDSON RD
City-St-Zip: OWNINGS MILL, MD 21117

Title: D ( ) Delete
Name: EMANUEL, VICTOR
Address: 1507 ALAMEDA
City-St-Zip: AUSTIN, TX 78704

Title: D ( ) Delete
Name: SANDERS, ELIZABETH
Address: 2001 NE 7 TERR
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ELIZABETH L. SANDERS PRES 03/08/2005

Electronic Signature of Signing Officer or Director Date