



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P02000020358 1. Entity Name TROPIC SAILING, INC. |  |
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| Principal Place of Business 61 CENTRAL AVENUE KEY LARGO, FL 33037 | Mailing Address 61 CENTRAL AVENUE KEY LARGO, FL 33037 |
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 04-3616187 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ANCHETA, GEORGE 61 CENTRAL AVE. KEY LARGO, FL 33037 | DO NOT WRITE IN THIS SPACE |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD ANCHETA, GEORGE 61 CENTRAL AVENUE KEY LARGO, FL 33037 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD ANCHETA, DONNA L 61 CENTRAL AVENUE KEY LARGO, FL 33037 |
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donna L Anchetta Sec. 2-20-04 305 852-1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #