

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031930

FILED  
Apr 17, 2010  
Secretary of State

**Entity Name:** TROPICAL HOLDINGS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

3321 RED FOX DR  
DELTONA, FL 32725

**New Principal Place of Business:**

465 S. ORLANDO AVE.  
SUITE 113  
MAITLAND, FL 32751

**Current Mailing Address:**

3321 RED FOX DR  
DELTONA, FL 32725

**New Mailing Address:**

465 S. ORLANDO AVE.  
SUITE 113  
MAITLAND, FL 32751

**FEI Number:** 02-0565005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHELLENBARG, YELENA V  
3321 RED FOX DR  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

SCHELLENBARG, YELENA V  
465 S. ORLANDO AVE.  
SUITE 113  
MAITLAND, FL 32751 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:**

04/17/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SCHELLENBARG, YELENA V  
**Address:** 465 S. ORLANDO AVE., STE. 113  
**City-St-Zip:** MAITLAND, FL 32751

**Title:** SD  
**Name:** SCHELLENBARG, ROBERT F  
**Address:** 465 S. ORLANDO AVE., STE. 113  
**City-St-Zip:** MAITLAND, FL 32751

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT F. SCHELLENBARG

SD

04/17/2010

Electronic Signature of Signing Officer or Director

Date