

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072845

FILED
May 01, 2011
Secretary of State

Entity Name: TROPICAL SMOOTHIE OF BAY COUNTY LOCAL MARKETING CO-OP, INC.

Current Principal Place of Business:

504 WEST HWY 390
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 339
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 61-1418502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, EREN S
504 WEST HWY 390
LYNN HAVEN, FL 32444 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: PD
Name: SULLIVAN, EREN
Address: P.O. BOX 339
City-St-Zip: LYNN HAVEN, FL 32444

Title: D
Name: STEPHENS, ROY
Address: 901 E 24 ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: D
Name: GRUBER, TERRI
Address: 2238.5A MLK JR BLVD
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: CLARK, DUANE
Address: 11260 PANAMA CITY BEACH PARKWAY
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: EREN S SULLIVAN

PD

05/01/2011

Electronic Signature of Signing Officer or Director

Date