04/29/05 FRI 10:29 FAX 19416390028 FARR LAW FIRM

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90106 017 ***150.00

DOCUMENT # P02000078820

1. Entity Name

TROPICAL COAST REALTY CONNECTION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 511018 PUNTA GORDA, FL 33951	99 NESBIT STREET PUNTA GORDA, FL 33950

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. BOX 1617	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ENGLEWOOD, FL	City & State
Zip: 34295 / Country	Zip / Country

4. FEI Number: 16-1617601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HACKETT, JACK O II 99 NESBIT STREET PUNTA GORDA, FL 33950	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BROWNE, JEFFRY S POST OFFICE BOX 511018 PUNTA GORDA, FL 33951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BROWNE, JEFFRY S P.O. BOX 1617 ENGLEWOOD, FL 34295	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 5/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

JEFFRY S. BROWNE, PRESIDENT