

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90054 005 \*\*\*150.00

DOCUMENT # P02000095196

1. Entity Name

TROPICAL ISLAND VENDING CORP.



Principal Place of Business

~~10 MANGROVE LANE~~ 464 Lime DR.  
KEY LARGO FL 33037 KL, FL 33037

Mailing Address

~~10 MANGROVE LANE~~  
KEY LARGO FL 33037

2. Principal Place of Business

464 Lime Drive

Suite, Apt. #, etc.

3. Mailing Address

464 Lime Drive

Suite, Apt. #, etc.

City & State

Key Largo

City & State

Key Largo

Zip

33037

Country

Monroe

Zip

33037

Country

Monroe

4. FEI Number

55-0795603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JILL A  
~~10 MANGROVE LN~~  
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name

Jill Campbell

Street Address (P.O. Box Number is Not Acceptable)

464 Lime Drive

City

Key Largo FL 33037

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

*Jill Campbell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

1/30/06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	CAMPBELL, CRAIG	
STREET ADDRESS	10 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CAMPBELL, JILL A	
STREET ADDRESS	10 MANGROVE LN	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Jill Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/06

Daytime Phone #

3059425172