

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000095196

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL ISLAND VENDING CORP.

**Current Principal Place of Business:**

464 LIME DR  
KEY LARGO, FL 33037

**New Principal Place of Business:**

19 MICHAEL DRIVE  
KEY LARGO, FL 33037

**Current Mailing Address:**

464 LIME DR  
KEY LARGO, FL 33037

**New Mailing Address:**

19 MICHAEL DRIVE  
KEY LARGO, FL 33037

**FEI Number:** 55-0795603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, JILL A  
464 LIME DR  
KEY LARGO, FL 33037 US

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

CAMPBELL, JILL A  
19 MICHAEL DRIVE  
KEY LARGO, FL 33037 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:**

01/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** CAMPBELL, CRAIG  
**Address:** 19 MICHAEL DRIVE  
**City-St-Zip:** KEY LARGO, FL 33037

**Title:** VPS  
**Name:** CAMPBELL, JILL A  
**Address:** 19 MICHAEL DRIVE  
**City-St-Zip:** KEY LARGO, FL 33037

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:** CRAIG CAMPBELL

PRES

01/14/2011

Electronic Signature of Signing Officer or Director

Date