


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000131755		
1. Entity Name TROPICAL YACHT SALES AND BROKERAGE, INC.		
Principal Place of Business 125 E. MIRACLE STRIP PKWY #1 MARY ESTHER, FL 32569	Mailing Address 328 ELLIOT RD SE FT WALTON BEACH, FL 32548	



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3888353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOLLIS-LENGYEL, BRENDA 125 E. MIRACLE STRIP PKWY #1 MARY ESTHER, FL 32569	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000746674 05/16/07-80078-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LENGYEL, ANTHONY S 125 E. MIRACLE STRIP PKWY #1 MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FOLLIS-LENGYEL, BRENDA 125 E. MIRACLE STRIP PKWY #1 MARY ESTHER, FL 32569
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Brenda J. Follis-Lengyel Brenda J. Follis-Lengyel 4-27-07 (850) 243-8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #