2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Feb 28, 2005 8:00 am **Secretary of State** 02-28-2005 90196 021 ***150.00 DOCUMENT # P04000015677 1. Entity Name TROPICAL ACCOMMODATIONS, INC. Principal Place of Business Mailing Address 40024230 921 EATON ST. 921 EATON ST. KEY WEST, FL 33040-6922 US KEY WEST, FL 33040-6922 US 3. Mailing Address 2. Principal Place of Business OD EAST GRANADA BLY IDDEAST GRANADA BLYI 02222005 Chq-P CR2E034 (10/03) 4. FEI Number Applied For 01-0805902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REIMAN, MATHESON, YAUGHAN & DURHAM, P.A. 110 E. GRANADA BLVD. STE. 104 ORMOND BEACH, FL 32176 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD □ Delete TITLE Change ☐ Addition NAME COTELLI, LARRY NAME STREET ADDRESS 100 E. GRANADA BLVD. STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CAMINO, MICHAEL NAME STREET ADDRESS 5832 SPRUCE CREEK WOODS DR. STREET ADDRESS DAYTONA BEACH, FL 32127 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete ☐ Change TITLE ☐ Addition SCHLOSSBERG, STEVE NAME NAME \$TREET ADDRESS 100 E. GRANADA BLVD. STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 exempt is 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. with all of

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R PRINTED NAME OF SIGNING OFFICER OF

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