

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015361

FILED
Apr 26, 2009
Secretary of State

Entity Name: TROPICAL VENTURES OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

8646 NAVARRE PARKWAY
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

8646 NAVARRE PARKWAY
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 20-2241108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILEY, TANYA M MRS
3219 AZALEA CIRCLE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

WILEY, TANYA M MRS
7242 HWY 2311
PANAMA CITY, FL 32404 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:

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WILEY, TANYA M
Address: 3219 AZALEA CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: TREA () Delete
Name: HILL, JENNIFER K
Address: 8646 NAVARRE PKWY
City-St-Zip: NAVARRE, FL 32566 US

Title: SEC () Delete
Name: WILEY, DAVID W
Address: 3219 AZALEA CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WILEY, TANYA M
Address: 7242 HWY 2311
City-St-Zip: PANAMA CITY, FL 32404 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: WILEY, DAVID W
Address: 7242 HWY 2311
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TANYA M WILEY

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date