


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 22, 2006 8:00 am
Secretary of State

05-11-2006 90236 029 ***150.00

DOCUMENT # P05000051340			
1. Entity Name TROPICAL TRAILS REALTY FL, INC.			
Principal Place of Business 3017 EXCHANGE CT. SUITE I WEST PALM BEACH, FL 33409		Mailing Address 3017 EXCHANGE CT. SUITE I WEST PALM BEACH, FL 33409	
2. Principal Place of Business <i>3017 Exchange Ct</i> Suite, Apt. #, etc. <i>Suite I</i>		3. Mailing Address Suite, Apt. #, etc. <i>SAME</i>	
City & State <i>West Palm Beach, FL</i>		City & State	
Zip <i>33409</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <i>65-1250503</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent GRANT, ALVIN K 507 HURON PLACE WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when releasing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, ALVIN K <i>3017 EXCHANGE CT SUITE 1</i> <i>507 Huron Pl</i> WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <i>Beryl W. Grant, Beryl W.</i> <i>507 Huron Pl</i> <i>West Palm Beach, FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Alvin K Grant</i>		Date: <i>4/18/06</i> Daytime Phone #: <i>561 640-3820</i>	

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