

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000035734

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** TROPICAL SMOOTHIE OF NW FLORIDA, INC.

**Current Principal Place of Business:**

15 PLANTATION OAKS DRIVE  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 731  
MARY ESTHER, FL 32569

**New Mailing Address:**

**FEI Number:** 26-4722854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARK, DUANE D  
13 MEMORIAL PARKWAY  
SUITE 205  
FORT WALTON BEACH, FL 32548 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CLARK, PAMELA B  
**Address:** 15 PLANTATION OAKS DRIVE  
**City-St-Zip:** MARY ESTHER, FL 32569

**Title:** T  
**Name:** CLARK, DUANE D  
**Address:** 15 PLANTATION OAKS DRIVE  
**City-St-Zip:** MARY ESTHER, FL 32569

**Title:** VP  
**Name:** CLARK, DEWITT D  
**Address:** 15 PLANTATION OAKS DRIVE  
**City-St-Zip:** MARY ESTHER, FL 32569

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:** DUANE D. CLARK

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04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date