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May 21, 2008 8:00 am
Secretary of State

05-21-2008 90022 012 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P93000044021 1. Entity Name TROPICAL TRADERS OF PANAMA CITY BEACH, INC.					
Principal Place of Business 10570 FRONT BEACH RD PANAMA CITY BEACH, FL 32407			Mailing Address 10570 FRONT BEACH RD PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		60042689 04292008 Chg-P CR2E034 (12/08)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 65-0420798		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				60042689 04292008 Chg-P CR2E034 (12/08)	
6. Name and Address of Current Registered Agent HESS, BRIAN D 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407					
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		60042689 04292008 Chg-P CR2E034 (12/08)	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAULS, S.R. ☒ Delete 410 PADDOCK CLUB DR. PANAMA CITY BEACH, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	60042689 04292008 Chg-P CR2E034 (12/08)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, JIM ☐ Delete 10570 FRONT BEACH RD PANAMA CITY BEACH, FL 32407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 4/30/08 (850) 233-6750 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					