

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

BK

08-02-2004 90019 030 \*\*\*\*50.00  
P94000028157

FILED

04 OCT 19 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (4/04)

<b>DOCUMENT # P94000028157</b>					
1. Entity Name <b>TROPICANA RESORT MOTELS, INC.</b>					
Principal Place of Business <del>445 S GULFVIEW BLVD</del> <del>CLEARWATER FL 33767</del>			Mailing Address <del>445 S GULFVIEW BLVD</del> <del>CLEARWATER FL 33767</del>		
2. Principal Place of Business 103 Belle Isle Ave.		3. Mailing Address 103 Belle Isle Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Belleair Beach, FL		City & State Belleair Beach, FL		4. FEI Number 59-3237972	
Zip 33786		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  CONTI, JOHN 445 S GULFVIEW BLVD CLEARWATER BEACH FL 33767			7. Name and Address of New Registered Agent Name CONTI, JOHN Street Address (P.O. Box Number is Not Acceptable) 103 Belle Isle Ave. City Belleair Beach, FL Zip Code 33786		
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 _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
			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 PD NAME CONTI, JOHN STREET ADDRESS 950 HAMDEN DR. CITY-ST-ZIP CLEARWATER BEACH FL 33767			TITLE PD NAME CONTI, JOHN STREET ADDRESS 103 Belle Isle Ave. CITY-ST-ZIP Belleair Beach, FL 33786		
TITLE SD NAME CONTI, IVA STREET ADDRESS 350 HAMDEN DR. CITY-ST-ZIP CLEARWATER BEACH FL 33767			TITLE SD NAME CONTI, IVA STREET ADDRESS 103 Belle Isle Ave. CITY-ST-ZIP Belleair Beach, FL 33786		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 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   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN CONTI PRESIDENT** 7-28-04 (727) 441-4902