

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028157

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: TROPICANA RESORT MOTELS, INC.

**Current Principal Place of Business:**

300 HAMDEN DRIVE  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

300 HAMDEN DRIVE  
CLEARWATER, FL 33767

**New Mailing Address:**

FEI Number: 59-3237972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONTI, JOHN  
103 BELLE ISLE AVENUE  
BELLEAIR BEACH, FL 33786 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: PD ( ) Delete  
Name: CONTI, JOHN  
Address: 103 BELLE ISLE AVENUE  
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: SD ( ) Delete  
Name: CONTI, IVA  
Address: 103 BELLE ISLE AVENUE  
City-St-Zip: BELLEAIR BEACH, FL 33786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JOHN CONTI

PD

03/19/2009

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

\_\_\_\_\_  
Date