

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000046108

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: TREASURE ISLAND FUN CENTER, INC.

## Current Principal Place of Business:

700 TUSKAWILLA ST  
CLEARWATER, FL 33756

## New Principal Place of Business:

7770 SEMINOLE BLVD  
SEMINOLE, FL 33772

## Current Mailing Address:

135 TERRY DRIVE  
PENSACOLA, FL 32503

## New Mailing Address:

700 TUSKAWILLA STREET  
CLEARWATER, FL 33756

FEI Number: 59-3248957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOELL, ROBERT E JR  
1232 ADAMS AVENUE  
CLEARWATER, FL 33756 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: PCEO ( ) Delete  
Name: NOELL, JR R  
Address: 700 TUSKAWILLA ST  
City-St-Zip: CLEARWATER, FL 33756

Title: SVP ( ) Delete  
Name: NOELL, PATRICIA  
Address: 700 TUSKAWILLA ST  
City-St-Zip: CLEARWATER, FL 33756

Title: TCFO ( ) Delete  
Name: MCCAFFREY, KATHLEEN L  
Address: 6028 CHANDELLE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

Title: VP (X) Delete  
Name: SPRINKLE, III, EARL G  
Address: 2764 OAKLEAF CIRCLE  
City-St-Zip: BESSEMER, AL 35022

Title: VP (X) Delete  
Name: ROLLER, EDWARD J  
Address: 8153 PERSIMMON RD  
City-St-Zip: BIG SANDY, TX 75755

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: NOELL JR, ROBERT E  
Address: 1232 ADAMS AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: SVP (X) Change ( ) Addition  
Name: NOELL, PATRICIA L  
Address: 1232 ADAMS AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: T (X) Change ( ) Addition  
Name: NOELL, JENNY R  
Address: 1100 S. HERCULES  
City-St-Zip: CLEARWATER, FL 33765

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 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: PATRICIA L. NOELL

SVP

04/09/2007

Electronic Signature of Signing Officer or Director

Date