


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90068 021 \*\*\*150.00

<b>DOCUMENT # P94000065777</b>	
1. Entity Name TROPICAL REALTY OF SARASOTA, INC.	

Principal Place of Business 766 SOUTHOSPREY AVE. SARASOTA, FL 34236	Mailing Address 766 SOUTHOSPREY AVE. SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box # 766 S. Osprey Ave	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA FL	City & State
Zip 34236	Country USA

03292007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0519016	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 MOORE, W. BUDD 1500 BAY VIEW DRIVE SARASOTA, FL 34239	
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7. Name and Address of New Registered Agent Name: HOLLY H. MOORE STEVE VOIT Street Address (P.O. Box Number is Not Acceptable): 766 S. Osprey Ave City: SARASOTA FL Zip Code: 34236	
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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: Holly H. Moore HOLLY H. MOORE 4-27-07  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, W. BUDD 1500 BAY VIEW DRIVE SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, HOLLY H 1500 BAY VIEW DRIVE SARASOTA, FL 34239 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HOLLY H. MOORE <input type="checkbox"/> Change <input type="checkbox"/> Addition 766 S. Osprey Ave SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Holly H. Moore HOLLY H. MOORE 4-27-07 941-556-1515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #