

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90080 001 ***450.00

DOCUMENT # P94000074312

1. Entity Name
HAWAIIAN TROPIC EUROPE, INC.



Principal Place of Business
**P O BOX 265111
DAYTONA BEACH, FL 32118-5111 US**

Mailing Address
**P O BOX 26511
DAYTONA BEACH, FL 32118-5111 US**

66404972



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3286689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ADAMS, LARRY L
1190 US HWY 1
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 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	DP RICE, RONALD J 175 OCEAN SHORE BLVD ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT JENNINGS, WILLIAM F 25 SHADOW CREEK ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ADAMS, LARRY L 687 OCEANSHORE BLVD ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SURRETTE, JACK E 427 PALM AVEN ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MURRAY, FRANK 3 WHITETOWN INDUSTRIAL ESTATES TALLAGHT DUBLIN 24, IR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **Larry L. Adams** **5 March 2004** **386-677-9559**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #