
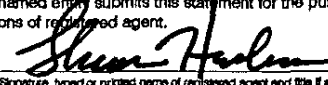



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN -7 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000000883			
1. Entity Name TROPIC ZONE OF PINELLAS COUNTY, INC.			
Principal Place of Business 391 MANDALAY AVE. CLEARWATER BEACH, FL 33767 US		Mailing Address 391 MANDALAY AVE. CLEARWATER BEACH, FL 33767 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3286795		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPECIALE, SUSAN G 391 MANDALAY AVE. CLEARWATER BEACH, FL 34630		7. Name and Address of New Registered Agent Name SHAWN HEDMAN Street Address (P.O. Box Number is Not Acceptable) 391 MANDALAY AVE City CLEARWATER BEACH FL Zip Code 33767	
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  DATE 5/26/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	D SPECIALE, SUSAN G 13836 OAK FORREST BLVD. SOUTH SEMINOLE, FL 34646 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAWN HEDMAN 2215 EUCLID CIRCLE CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600037861616 06/11/04--01009--017 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: SHAWN HEDMAN DATE 5/26/04 DAYTIME PHONE # 727-667-0064	