

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000019032

1. Entity Name

TROPICAL CONDOMINIUM SERVICE, INC.



Principal Place of Business

822 85TH AVE. NORTH
ST PETERSBURG FL 33702

Mailing Address

P.O. BOX 20213
ST PETERSBURG FL 33742



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number **59-3285727**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEGOLYER, LARRY W
822 85TH AVE., NORTH
ST. PETERSBURG FL 33702

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME DEGLOYER, MICHAEL B.
STREET ADDRESS 822 85TH AVE N.
CITY-ST-ZIP ST. PETERSBURG FL

☐ Change ☐ Addition
NAME U00000952640
STREET ADDRESS 06/04/08-80090-009 150.00
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME DEGOLYEN, LARRY W
STREET ADDRESS 822 85TH AVE N.
CITY-ST-ZIP SAINT PETERSBURG FL 33702

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DEGOLYER, SUE A
STREET ADDRESS 822 85TH AVE N.
CITY-ST-ZIP SAINT PETERSBURG FL 33702

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry W. Degolyer 5-25-08 727-570-3729