


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90085 036 ***150.00

DOCUMENT # P97000035508			
1. Entity Name TROPICANA-CLEARWATER, INC.			
Principal Place of Business 29656 US 19 NORTH SUITE 100 CLEARWATER, FL 34621		Mailing Address 1220 SW 35TH AVENUE SUITE A BOYNTON BEACH, FL 33426	
2. Principal Place of Business <i>29656 US 19 NO</i>		3. Mailing Address <i>29656 US 19 NO</i>	
Suite, Apt. #, etc. <i>100</i>		Suite, Apt. #, etc. <i>100</i>	
City & State <i>Clearwater FL</i>		City & State <i>Clearwater FL</i>	
Zip <i>33761</i>	Country <i>Pinellas</i>	Zip <i>33761</i>	Country <i>Pinellas</i>
4. FEI Number 59-3440920		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 MINIERI, CARL N 29656 US 19 NORTH SUITE 100 CLEARWATER, FL 34621		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 <i>Carl Minieri</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 D <input type="checkbox"/> Delete	NAME MINIERI, CARL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 29656 US 19 NORTH	CITY-ST-ZIP CLEARWATER, FL 33761	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE P <input type="checkbox"/> Delete	NAME GENTILE, MICHAEL L	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 29656 US 19 N SUITE 100	CITY-ST-ZIP CLEARWATER, FL 33761	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> Delete	NAME EVEN, SARAH E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1220 SW 35TH AVE, STE A	CITY-ST-ZIP BOYNTON BEACH, FL 33426	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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: <i>Carl Minieri</i>		Date: <i>4/5/05</i> Daytime Phone #: <i>727-287-3111</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			