


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90415 046 ***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 29656 US 19 NORTH SUITE 100 CLEARWATER, FL 34621	
2. Principal Place of Business - No P.O. Box # 28059 US Hwy 19 N Suite, Apt. #, etc. Ste 302 City & State Clearwater FL Zip 33761 Country US		3. Mailing Address 28059 US Hwy 19 N Suite, Apt. #, etc. Ste 302 City & State Clearwater FL Zip 33761 Country US	
02122007		Chg-P CR2E034 (12/06)	
4. FEI Number 59-3440920		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 MINIERI, CARL N 29656 US 19 NORTH SUITE 100 CLEARWATER, FL 34621		7. Name and Address of New Registered Agent Name Minieri, Carl N. Street Address (P.O. Box Number is Not Acceptable) 28059 US Hwy 19 N Ste 302 City Clearwater FL Zip Code 33761	
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 _____ (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D MINIERI, CARL 29656 US 19 NORTH CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 28059 US Hwy 19 N Clearwater FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENTILE, MICHAEL L 29656 US 19 N SUITE 100 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28059 US Hwy 19 N Clearwater, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MINIERI, CARL N 29656 US HWY 19 N STE 100 CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 28059 US Hwy 19 N Clearwater FL 33761
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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 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 employment.			
SIGNATURE: <u>Michael Gentile</u>		Date: <u>2007-02-25-9999</u>	
SMALLER AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	