

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-15-2005 90067 011 \*\*\*150.00

<b>DOCUMENT # P97000040344</b> 1. Entity Name TROPICANA-BELCHER, INC.			
Principal Place of Business 29656 US 19 NO STE 100 CLEARWATER, FL 34621		Mailing Address 1220 SW 35TH AVENUE SUITE A BOYNTON BEACH, FL 33426	
2. Principal Place of Business 29656 US 19 N Suite, Apt. #, etc. 100 City & State Clearwater, FL Zip 33761 Country Pinellas		3. Mailing Address 29656 US 19 N Suite, Apt. #, etc. 100 City & State Clearwater, FL Zip 33761 Country Pinellas	
4. FEI Number 59-3445111		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MINIERI, CARL N 29656 US 19 NO STE 100 CLEARWATER, FL 34621		7. Name and Address of New Registered Agent 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: <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MINIERI, CARL 29656 US 19 NO STE 100 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	
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	A EVEN, SARAH E 1220 SW 35TH AVE. STE. A BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date 4/5/05		Daytime Phone # 727-287-3111	