

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90415 045 ***150.00

DOCUMENT # P97000040344 1. Entity Name TROPICANA-BELCHER, INC.			
Principal Place of Business 29656 US 19 NO STE 100 CLEARWATER, FL 34621		Mailing Address 29656 US 19 NO STE 100 SUITE A CLEARWATER, FL 34621	
2. Principal Place of Business - No P.O. Box # 28059 US Hwy 19 N Suite, Apt. #, etc. Ste 302		3. Mailing Address 28059 US Hwy 19 N Suite, Apt. #, etc. Ste 302	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33761		Zip 33761	
Country US		Country US	
4. FEI Number 59-3445111		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
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 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 _____ Signature, typed or printed name of registered agent and the if applicable. (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. ☐ \$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	DVP MINIERI, CARL 29656 US 19 NO STE 100 CLEARWATER, FL 33761	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENTILE, MICHAEL L 29656 US 19 N SUITE 100 CLEARWATER, FL 33761	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MINIERI, CARL N 29656 US HWY 19 N., STE 100 CLEARWATER, FL 33761	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	☐ Change ☐ 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 empowered.			
SIGNATURE: <u><i>Michael L Gentile</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SAVING OFFICER OR DIRECTOR		Date <u>2007-05-09</u> Duplicating Phone #	