


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000045656 1. Entity Name TROPICAL VIDEO INC.	
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Principal Place of Business 114 W. INDIAN RIVER BLVD. EDGEWATER, FL 32141	Mailing Address 114 W. INDIAN RIVER BLVD. EDGEWATER, FL 32141
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DO NOT WRITE IN THIS SPACE



07052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3459966	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 PIPPIN, JAMES L 1525 ORANGE TREE DRIVE EDGEWATER, FL 32132

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IN THIS SPACE**

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 James L. Pippin 7-11-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIPPIN, JAMES L 1525 ORANGE TREE DRIVE EDGEWATER, FL 32132
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James L. Pippin 7-11-04 386-423-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #