

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000057961

1. Entity Name
TROPICAL SMOOTHIE FRANCHISE DEVELOPMENT
CORPORATION



FILED

05 JUN -8 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

1150 EGLIN PARKWAY
SHALIMAR, FL 32579 US

Mailing Address

1150 EGLIN PARKWAY
SHALIMAR, FL 32579 US

3. Principal Place of Business

4100 Legendary Drive
Suite 250

Mailing Address

4100 Legendary Dr.
Suite 250

Suite, Apt. #, etc.

Suite 250

City & State

Destin, FL

Zip

32541

Country

USA

City & State

Destin, FL

Zip

32541

Country

USA

4. FEI Number

59-3466244

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIELBY, LORENCE JON ESQ
GREENBERG TRAURIG HOFFMAN ETAL
100 E COLLEGE AVENUE
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$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.

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: WALKER, DAVID W
STREET ADDRESS: 1150 EGLIN PARKWAY
CITY-ST-ZIP: SHALIMAR, FL 32579

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: WALKER, DAVID W.
STREET ADDRESS: 4100 LEGENDARY DR - SUITE 250
CITY-ST-ZIP: DESTIN, FL 32541

Change Addition

TITLE: D
NAME: JENRICH, ERIC D
STREET ADDRESS: 1150 EGLIN PARKWAY
CITY-ST-ZIP: SHALIMAR, FL 32579

Delete

TITLE: D
NAME: JENRICH, ERIC D.
STREET ADDRESS: 4100 LEGENDARY DR. SUITE 250
CITY-ST-ZIP: DESTIN, FL 32541

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

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Change Addition

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/05

Date

Daytime Phone #