2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-08-2005 90073 037 ***150.00 DOCUMENT # P97000095187 TROPICAL TAFFY CORPORATION **TODITTOR** Principal Place of Business Mailing Address 5166 FAR OAK CIRCLE 1217 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239 SARASOTA, FL 34238 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0793201 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROMIE. WILLIAM FUR. Street Address (P.O. Box Number is Not Acceptable) 5166 FAR OAK CIRCLE SARASOTA, FL 34238-3303 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DST TITLE Delete TITLE Change ☐ Addition NAME CROMIE, WILLIAM F JR NAME STREET ADDRESS 5166 FAR OAK CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34238 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CROMIE, RAJH NAME NAME STREET ADDRESS 5166 FAR OAK CIRCLE STREET ADDRESS CITY-\$1-ZIP SARASOTA, FL 342383303 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE --- Delete TITLE ___ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 frustate 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: Daytime Phone

FILED

Apr 08, 2005 8:00 am Secretary of State