


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90435 008 ***150.00

DOCUMENT # P97000095187 1. Entity Name TROPICAL TAFFY CORPORATION					
Principal Place of Business 1217 SOUTH TAMiami TRAIL SARASOTA, FL 34239 US			Mailing Address 5166 FAR OAK CIRCLE SARASOTA, FL 34238 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6560 Wild Orchid Lane Suite, Apt. #, etc.			
City & State Zip		City & State Sarasota FL Zip 34241		Country USA	
4. FEI Number 65-0793201				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROMIE, WILLIAM F JR. 5166 FAR OAK CIRCLE SARASOTA, FL 34238-3303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6560 Wild Orchid Lane City Sarasota FL Zip Code 34241		
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 <u>William F. Cromie Jr</u> DATE <u>4/11/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DST CROMIE, WILLIAM F JR 5166 FAR OAK CIRCLE SARASOTA, FL 34238 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6560 Wild Orchid Lane Sarasota, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROMIE, RAJH 5166 FAR OAK CIRCLE SARASOTA, FL 342383303 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6560 Wild Orchid Lane Sarasota, FL 34241	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Kathleen Cromie</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			Date <u>4/11/2006</u> Daytime Phone # <u>941-953-6999</u> <u>941-925-1103</u>		

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