

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90070 019 \*\*\*150.00

DOCUMENT # P97000108102

1. Entity Name

TROPICAL LANDHOLDINGS, INC.



Principal Place of Business

8252 WILTSHIRE  
PORT CHARLOTTE FL 33981

Mailing Address

8252 WILTSHIRE  
PORT CHARLOTTE FL 33981

50021032



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0802638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAUL, JERRY S  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name

Barbara Duff

Street Address (P.O. Box Number is Not Acceptable)

8282 Wiltshire

City

Port Charlotte

FL

Zip Code

33981

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

*Barbara C Duff*

2/21/05

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME DUFF, JAMES T  
STREET ADDRESS 8252 WILTSHIRE  
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE A ☐ Delete  
NAME WAPINSKI, GARY  
STREET ADDRESS 55 OAKS RD  
CITY-ST-ZIP PALOS PARK IL 60464

TITLE D ☐ Delete  
NAME HALVORSON, RICHARD  
STREET ADDRESS 9 LONG MEADOW PL  
CITY-ST-ZIP ROTONDA WEST FL 33947

TITLE D ☐ Delete  
NAME FULLENCAMP, DENNIS  
STREET ADDRESS 2911 PINE ISLAND ROAD  
CITY-ST-ZIP CAPE CORAL FL

TITLE S ☐ Delete  
NAME BOWEN, PATSY  
STREET ADDRESS 3373 GRAND VISTA CT., #201  
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Gary R. Wapinski*

Gary R. Wapinski President 2/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #