

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023787

FILED
Aug 16, 2006
Secretary of State

Entity Name: SOUTH TROPICAL TRAIL, INC.

Current Principal Place of Business:

5255 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

5255 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-3498992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMASTER, JAMES D
6797 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: GUYTON, EVELYN S
Address: 5255 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: PARKER, THOMSON
Address: 1111 BRICKELL AVENUE, #1900
City-St-Zip: MIAMI, FL 33131

Title: V (X) Delete
Name: GUYTON, THOMAS B II
Address: 5255 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: GUYTON, ELIZABETH R
Address: 5255 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: AS (X) Delete
Name: MILEY, MARY E
Address: 929 CASEY COVE DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MILEY, MARY EVELYN
Address: 929 CASEY COVE DR
City-St-Zip: NOKOMIS, FL 34275

Title: D (X) Change () Addition
Name: GUYTON, THOMAS
Address: 5255 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: GUYTON, ELIZABETH R
Address: 5255 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS GUYTON

D

08/16/2006

Electronic Signature of Signing Officer or Director

_____ Date