


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000045899	
1. Entity Name TROPICAL BREEZE BEACH CONCESSION, INC.	

Principal Place of Business 2987 S. ATLANTIC AVE. UNIT 1102 DAYTONA BEACH SHORES FL 32118	Mailing Address 2987 S. ATLANTIC AVE. UNIT 1102 DAYTONA BEACH SHORES FL 32118
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

City & State	City & State
Zip	Country

	
MOORE	CR2E034 (11/03)
4. FEI Number 59-3512754	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent THOMAS, PHILLIP R 2987 S. ATLANTIC AVE. UNIT 1102 DAYTONA BEACH SHORES FL 32118	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, PHILLIP R 2987 S. ATLANTIC AVE., UNIT 1102 DAYTONA BEACH SHORES FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000076132 03/04/04-80016-001 150.00
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
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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 exemption stated in Section 19.07(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: 	RESIDENT FEB. 27, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #