

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-24-2007 90003 019 ***158.75

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000060461			
4. Entity Name TROPICAL LAND REALTY, INC.			
Principal Place of Business 12645 COUNTY RD 512 FELLSMERE, FL 32948		Mailing Address PO BOX 810 FELLSMERE, FL 32948	
DO NOT WRITE IN THIS SPACE		66019551	
			
		05182007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3519748		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent DISMUKES, RITA F 875 Bavaire RD 42648 COUNTY RD 512 Kenansville, FL FELLSMERE, FL 32948 mail to PO Box 34739 PO Box 70 * please Kenansville FL 34739		DO NOT WRITE IN THIS SPACE	
9. 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>Rita Dismukes</u>		DATE <u>5-17-07</u>	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DISMUKES, RITA F 33-B MAGNOLIA 346 Clyde G. Lewis FELLSMERE, FL 32948 West Tree Dr. 32183		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
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>Rita Dismukes</u>		DATE <u>5-17-2007</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Month/Year	

ATTACHMENT

66019551
#P98000060461**WINNETT**
Associates, PLLC**FAX**
Transmittal Form

Certified Public Accountants and Consultants

Date: MAY 18, 2007
To: RITA DISMUKES
Fax No: 394-4020
From: ANDY LILE

Phone 931-684-7142
Fax 931-680-2954

Mailing Address:
P. O. Box 745
Shelbyville, TN 37162-0745

Number of pages including this Page: 3

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RE: FLORIDA DEPT. OF STATE
Message:

IT LOOKS LIKE THE BIGGER FEE IS DUE AFTER 5/1.
BUT, YOU MIGHT BE ABLE TO GET THIS WAIVED BASED
ON THE CHANGE IN ADDRESS. YOU SHOULD STRIKE
THE INCORRECT ADDRESS ON THE FORM AND WRITE
THE CORRECTION.

Andy Lile

ATTACHMENT

66019551

#P980000604601

I am sending \$150.00 if I need to send the penalty of \$400.00 more please let me know. I have had a really hard time this year as my grandmother had been ill and going back and forth to florida I realized the first of may that I didn't pay this and thought I was ok until May 30th I knew from previous years May was the deadline I know now its the 1st not the end of may. please let me know as per instructions my accountant sent me I have until September and I will send the rest if the fee isn't waived.

Thank you
Rita Dismukes

ATTACHMENT

166019551
P98000060461

Change of
address to a Fla.
address P.O Box
or Street.
Thank you
Rita Desmudes