

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FLORIDA ~~DEPT~~ **FILED** = STATE  
Feb 24, 2005 08:00 AM  
Secretary of State

DOCUMENT # P99000005593

1. Entity Name  
TROPICAL BILLIARDS, INC.



Principal Place of Business  
4901 PALM BEACH BLVD  
FT MYERS, FL 33905

Mailing Address  
4901 PALM BEACH BLVD  
FT MYERS, FL 33905



02172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0888743

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MARKLAND, CLYDE  
4901 PALM BEACH BLVD  
FT MYERS, FL 33905

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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**

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	PD MARKLAND, CLYDE P.O. BOX 50894 FT MYERS, FL 33994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINNIE, ROBERT 2322 HIBISCUS RD. FT. MYERS, FL 33994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARKLAND, SHIRLEY T P.O. BOX 50894 FT. MYERS, FL 33994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0000001241255  
02/24/05-80036-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-05

239 694 0058