

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90050 026 ***150.00

DOCUMENT # P99000032886					
1. Entity Name TROPICAL VILLAGE, INC.					
Principal Place of Business 8517 S. PARK CIRCLE SUITE 210 ORLANDO FL 32819			Mailing Address 8517 S. PARK CIRCLE SUITE 210 ORLANDO FL 32819		
2. Principal Place of Business 4700 Millenia Blvd. Suite, Apt. #, etc. Suite 340 City & State Orlando, FL Zip 32839		3. Mailing Address 4700 Millenia Blvd. Suite, Apt. #, etc. Suite 340 City & State Orlando, FL Zip 32839		 MOORE CR2E034 (11/03)	
Country USA		Country USA		4. FEI Number 59-3576027	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROOKS, JOANNA 8517 SOUTH PARK CIRCLE SUITE 210 ORLANDO FL 32819			7. Name and Address of New Registered Agent Name: Joanna Brooks Street Address (P.O. Box Number is Not Acceptable): 4700 Millenia Blvd. Suite 340 City: Orlando FL Zip Code: 32839		
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: <u>Joanna Brooks</u> (Joanna Brooks) DATE: <u>1/30/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, PATRICK B 4360 CHAMBLEE DUNWOODY, STE. 407 ATLANTA GA 30341	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patrick B. Kirkland 4700 Millenia Blvd. Suite 340 Orlando, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, JOANNA F 8517 SOUTH PARK CIRCLE STE 210 ORLANDO FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joanna F. Brooks 4700 Millenia Blvd., Ste. 340 Orlando, FL 32839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, LAURA M 4360 CHAMBLEE DUNWOODY RD ATLANTA GA 30341	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<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 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: <u>Patrick B. Kirkland</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-30-2004 Date Daytime Phone #		