


# 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 340**

3. Mailing Address  
**4700 Millenia Blvd.  
 Suite 340**

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

Zip **32839** Country **USA**

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4. FEI Number **59-3576027**

Applied For  
 Not Applicable

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

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** State **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 Joanna Brooks (Joanna Brooks) DATE 1/30/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, PATRICK B	
STREET ADDRESS	4360 CHAMBLEE DUNWOODY, STE. 407	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, JOANNA F	
STREET ADDRESS	8517 SOUTH PARK CIRCLE STE 210	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WADE, LAURA M	
STREET ADDRESS	4360 CHAMBLEE DUNWOODY RD	
CITY-ST-ZIP	ATLANTA GA 30341	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick B. Kirkland	
STREET ADDRESS	4700 Millenia Blvd. Suite 340	
CITY-ST-ZIP	Orlando, FL 32839	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joanna F. Brooks	
STREET ADDRESS	4700 Millenia Blvd., Ste. 340	
CITY-ST-ZIP	Orlando, FL 32839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Patrick B. Kirkland DATE: 1-30-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

