


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

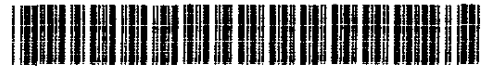
04-19-2004 90285 003 ***150.00

DOCUMENT # S52292
 1. Entity Name
TROPIC TRANSIT, INC.



Principal Place of Business Mailing Address
2426 SPRINGHILL RD. **2426 SPRINGHILL RD.**
TALLAHASSEE, FL 32305 **TALLAHASSEE, FL 32305**

94054848



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04122004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-3065920 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CORBETT, CAROL M
166 CORBETT LANE
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 withdrawing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CORBETT, CAROL M	
STREET ADDRESS	166 CORBETT LANE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NABORS, KIMFRI Y C	
STREET ADDRESS	8054 MATANZAS RD.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORBETT, WILLIAM H	
STREET ADDRESS	166 CORBETT LANE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
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		<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		
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: Carol M. Corbett 4/13/04 933-7815
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 CAROL M CORBETT