

03/04/2005 11:10

5616414781

DONOVAN

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90266 048 ***150.00

DOCUMENT # V34975			
1. Entity Name TROPICAL ISLE RESORT, INC.			
Principal Place of Business 106 INLET WAY PALM BEACH SHORES, FL 33404		Mailing Address 106 INLET WAY PALM BEACH SHORES, FL 33404	
2. Principal Place of Business 7050 Overseas		3. Mailing Address 7050 Overseas Hwy	
City & State Marathon FL		City & State Marathon FL	
Zip 33050		Zip 33050	
4. FEI Number 65-0332054		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, TIMOTHY 106 INLET WAY PALM BEACH SHORES, FL 33404		7. Name and Address of New Registered Agent Name: BROWN, TIMOTHY S Street Address (P.O. Box Number is Not Applicable) 7050 Overseas Hwy City: Marathon FL Zip Code: 33050	
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, the registered agent. SIGNATURE: <i>[Signature]</i> DATE: March 5, 2005			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWN, TIMOTHY S 106 INLET WAY PALM BEACH SHORES, MI 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President BROWN, TIMOTHY S 7050 Overseas Hwy Marathon, Fla 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 officer 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 companies.			
SIGNATURE: <i>[Signature]</i>		DATE: March 5, 2005	

ATTACHMENT

40027353

V34975

New Address of Principal Place of business, mailing
address, address of registered agent are all the same

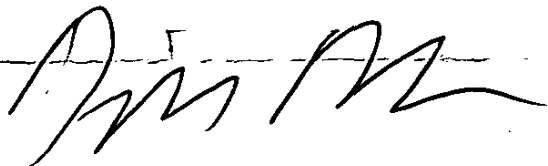
Care of;

Kingsail Motel
7050 Overseas highway
Marathon, Fla. 33050

305- 743- 5246

Registered Agent:
Is the Same – Timothy S. Brown

Thank You

A handwritten signature in black ink, appearing to read 'Timothy S. Brown', written over a horizontal line.

Timothy S. Brown