


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # V34975**  
1. Entity Name  
TROPICAL ISLE RESORT, INC.



Principal Place of Business  
7050 OVERSEAS  
MARATHON, FL 33050

Mailing Address  
7050 OVERSEAS  
MARATHON, FL 33050

**DO NOT WRITE IN THIS SPACE**



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0332054

Applied For  
Not Applicable

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

5. Name and Address of Current Registered Agent

BROWN, TIMOTHY  
7050 OVERSEAS HWY  
MARATHON, FL 33050

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

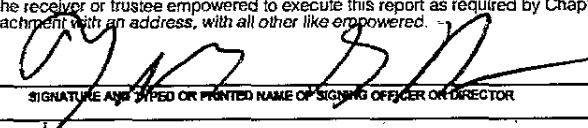
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, TIMOTHY S.
STREET ADDRESS	7050 OVERSEAS HWY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/27/06-80022-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **1/18/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #