

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 440079 1. Entity Name TROPICAL PLANT PRODUCTS, INC.	
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Principal Place of Business 1715 SILVER STAR ROAD ORLANDO, FL 32804	Mailing Address 1715 SILVER STAR ROAD ORLANDO, FL 32804
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01182008 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1508179	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEWIS, KENNETH E. 1715 SILVER STAR RD. ORLANDO, FL 32804

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

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

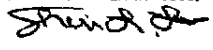
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000443749
03/06/06-80025-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, JANET E. 1715 SILVER STAR RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, KENNETH E 1715 SILVER STAR RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS JR, KENNETH E 1715 SILVER STAR RD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, SHERI L 1715 SILVER STAR RD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **SHERI L. LEWIS** **2/20/06** **457-293-2451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #