

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F73605 1. Entity Name TROPICAL MIRROR & CARPET, INC.	
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Principal Place of Business 300 TONEY PENNA DR SUITE #3 JUPITER, FL 33458 US	Mailing Address 300 TONEY PENNA DR STE 3 JUPITER, FL 33458 US
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2229810	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITMAN, RICHARD WILLIAM
300 TONEY PENNA DRIVE #3
JUPITER, FL 33458**

**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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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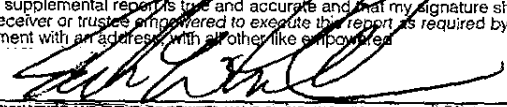
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WHITMAN, RICHARD WILLIAM 617 SIXTH LANE PALM BCH GARDENS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD WHITMAN, RICHARD W., JR. 3787 HOLIDAY ROAD LAKE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHITMAN, RYAN 3787 HOLIDAY RD LAKE PARK, FL
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05/03/05-80103-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/28/05** **561-747-1344**
Date Daytime Phone #