


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P0000083172	
1. Entity Name TROPICAL CARGO, INC.	

Principal Place of Business 4444 BEACHWOOD LAKE DRIVE NAPLES, FL 34112	Mailing Address 4444 BEACHWOOD LAKE DRIVE NAPLES, FL 34112
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
HEISE, JAMES B 4444 BEACHWOOD LAKE DRIVE NAPLES, FL 34112	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and accepting the obligations of registered agent.
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing for status change)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 Added to Fee
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEISE, JAMES B 4444 BEACHWOOD LAKE DRIVE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEISE, MONICA 4444 BEACHWOOD LAKE DRIVE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, Florida Statutes, and that the information 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>



No Chg-P	CR2E034 (11/05)
0	
4.	Applied For
5.	Not Applicable
of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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with, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
DATE _____

U00000589529
01/18/07-80019-021 150.00

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IN THIS SPACE**

Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, Florida Statutes, and that the information 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.
12-07 239-798-1903 <small>Date Daytime Phone #</small>