

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90008 043 ***150.00

DOCUMENT # L85407

1. Entity Name

TROPICAL WATERS, INC.



Principal Place of Business

% JEFFREY D. ABER
424 SAN FELIX ST
PORT CHARLOTTE FL 33983
US

Mailing Address

% JEFFREY D. ABER
P O BOX 494771
PORT CHARLOTTE FL 33949-3233
US

2. Principal Place of Business

4200 WHIDDEN BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CHARLOTTE HARBOR, FL

City & State

Zip

33980

Country

USA

Country

4. FEI Number

65-0212318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABER, JEFFREY D.
27226 HARBOUR OAKS BLVD
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ABER, JEFFREY D.
STREET ADDRESS 424 SAN FELIX STR
CITY-ST-ZIP PT CHARLOTTE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME ABER, JEFFREY D.
STREET ADDRESS 4200 WHIDDEN BLVD.
CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

3-01-04 941-743-8889

Date

Daytime Phone #