

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 168274

FILED
Apr 21, 2009
Secretary of State

Entity Name: SUB-TROPICAL OPPORTUNE PROPERTIES INC

Current Principal Place of Business:

1903 S. 25TH STREET
SUITE 201
FT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

PO BOX 670
FORT PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 59-0670663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINTON, JOHN L
4905 4TH ST
VERO BEACH, FL 32962 US

Name and Address of New Registered Agent:

MINTON, JOHN L
4905 4TH ST
VERO BEACH, FL 32968 US

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.

SIGNATURE:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MINTON, SHIRLEY ANN
Address: 2501 S. INDIAN RIVER DRIVE
City-St-Zip: FT PIERCE, FL

Title: DP () Delete
Name: MINTON, MICHAEL D.
Address: 2513 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL

Title: STD () Delete
Name: MINTON, B.T.
Address: 8431 HIDDEN PINES RD.
City-St-Zip: FT PIERCE, FL

Title: D () Delete
Name: MINTON, JOHN L.
Address: 4905 4TH STREET
City-St-Zip: VERO BEACH, FL

Title: V (X) Delete
Name: LONGINO, BERT P
Address: 1110 CLUB DR
City-St-Zip: FT PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MINTON, SHIRLEY ANN
Address: 2513 S. INDIAN RIVER DRIVE
City-St-Zip: FT PIERCE, FL 34950

Title: DP (X) Change () Addition
Name: MINTON, MICHAEL D.
Address: 2513 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34950

Title: STD (X) Change () Addition
Name: MINTON, B.T.
Address: 8431 HIDDEN PINES RD.
City-St-Zip: FT PIERCE, FL 34945

Title: D (X) Change () Addition
Name: MINTON, JOHN L.
Address: 4905 4TH STREET
City-St-Zip: VERO BEACH, FL 32968

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L MINTON

DIR

04/21/2009

Electronic Signature of Signing Officer or Director

Date