2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # 206423

1. Entity Name
TROPICAL MUSIC SERVICE INC

Principal Place of Business	Mailing Address
219 S. PACKWOOD AVE. TAMPA, FL 33606-8887	219 S. PACKWOOD AVE. TAMPA, FL 33606-8887

04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0821305
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALGADO,JR, RAUL
TROPICAL MUSIC SERVICE, INC.
219 S. PACKWOOD AVENUE
TAMPA, FL 33606

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	TANNER, H. GLENN
STREET ADDRESS	407 S. SHORE CREST DR.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	P
NAME	SALGADO, RAUL
STREET ADDRESS	822 WHITE HERON BLVD
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	ST
NAME	TANNER, SALLY
STREET ADDRESS	407 S. SHORE CREST DR.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	V
NAME	VAUGHAN, MICHAEL S
STREET ADDRESS	4006 WOODACRE LANE
CITY-ST-ZIP	TAMPA, FL 336241223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80135-018 150.00

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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: _____ 4/10/07 813-253-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAUL SALGADO JR/PRESIDENT