

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	
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Principal Place of Business 219 S. PACKWOOD AVE. TAMPA, FL 33606-8887	Mailing Address 219 S. PACKWOOD AVE. TAMPA, FL 33606-8887
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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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**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

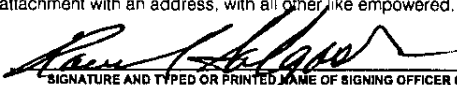
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANNER, H. GLENN 407 S. SHORE CREST DR. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALGADO, RAUL 822 WHITE HERON BLVD RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TANNER, SALLY 407 S. SHORE CREST DR. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAUGHAN, MICHAEL S 4006 WOODACRE LANE 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

**DO NOT WRITE
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 813-253-0093

Date Daytime Phone #

RAUL SALGADO JR/PRESIDENT