

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 206423

1. Entity Name
TROPICAL MUSIC SERVICE INC



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

Mailing Address
**219 S. PACKWOOD AVE.
TAMPA, FL 33606-8887**



04222008 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**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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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05/14/08-80004-025 150.00

**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: **RAUL SALGADO JR** *Raul Salgado Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

813-253-0093

Date

Daytime Phone #