

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # 351444

1. Entity Name
TROPICAL REALTY & INSURANCE, INC.



Principal Place of Business
5703 MAIN ST.
NEW PORT RICHEY, FL 34652

Mailing Address
5703 MAIN ST.
NEW PORT RICHEY, FL 34652



04292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|--|---|
| 4. FEI Number 59-1301247 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ROGERS, ALTON D.
5703 MAIN ST.
NEW PORT RICHEY, FL 33552

**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, 2007 Fee will be \$550.00

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

U00000750071
05/18/07-80046-024 150.00

10. OFFICERS AND DIRECTORS

| | |
|------------------------|----------------------------|
| TITLE | P |
| NAME | ROGERS, ALTON D |
| STREET ADDRESS | 5703 MAIN STREET |
| CITY - ST - ZIP | NEW PORT RICHEY, FL |

| | |
|------------------------|----------------------------|
| TITLE | ST |
| NAME | MALLET, LESTER |
| STREET ADDRESS | 5703 MAIN STREET |
| CITY - ST - ZIP | NEW PORT RICHEY, FL |

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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: Lester Mallett *Lester Mallett* **04/30/07** **(727) 847-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #