2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

FILED Apr 20, 2005 08:00 AM Secretary of State

1. Entity Nam TROPICA	AL SHEET METAL COMPANY,				56	ecretary of State
Principal Place of Business Mailing Address 6903 CONATY ROAD PO BOX 15853 TAMPA, FL 33634 TAMPA, FL 33684						
DO NOT WRITE IN THIS SPACE				03082005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-1511663 Not Applicable 5. Certificate of Status Desired S8.75 Additional Foe Required		
6. Name and Address of Current Registered Agent SALEM, ALBERT M JR 4600 W. KENNEDY BLVD. TAMPA, FL 33609			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, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALKER, SHIRLEY F 3315 LEILA AVE TAMPA, FL	CTOAS .			U0000 04/20/05	0319171 -80087-024 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CD WALKER, RALPH R 3315 LEILA AVE TAMPA, FL		<u>.</u>	-		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
maicatea	certify that the information supplied with this f on this report or supplemental report is true- poration or the receiver or trustee empowere or on ap attachment with an address, with a	and accurate and that my signa	ture shall have the	same legal ette	ct as it made under na	ath: that I am an officer or director