


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90406 001 \*\*\*300.00

<b>DOCUMENT # 530026</b>					
1. Entity Name <b>TROPICAL NUT AND FRUIT, INC.</b>					
Principal Place of Business <b>3368 BARTLETT ROAD ORLANDO, FL 32811</b>			Mailing Address <b>3368 BARTLETT ROAD ORLANDO, FL 32811</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  <b>CHAPMAN, VICTOR L 18 WALL STREET ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>WILLIAMSON, DAVID</b> <input checked="" type="checkbox"/> Delete <b>6466 HAUGHTON LN ORLANDO, FL</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>YORK, GERALD P.</b> <input type="checkbox"/> Delete <b>1100 CONTINENTAL BLVD CHARLOTTE, NC 28273</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>WILLIAMSON, GARLAND</b> <input type="checkbox"/> Delete <b>71 ADMIRAL BLVD MISSISSAUGA, ONTARIO, l5y 2t1</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>MACKENZIE, CHERYLE</b> <input type="checkbox"/> Delete <b>25 E ROSEVEAR ST ORLANDO, FL 32804</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>YORK, GERALD P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1100 CONTINENTAL BLVD. CHARLOTTE, N.C. 28273</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: _____ <b>4-24-06</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**66012372**



04192006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1738630** Applied For  
Not Applicable

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