

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003052

FILED
Jan 10, 2007
Secretary of State

Entity Name: TROPICAL CONSTRUCTION SUPPLY OF NAPLES, INC.

Current Principal Place of Business:

765 NE 19TH PLACE
SUITE 3
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

765 NE 19TH PLACE
SUITE 3
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: 84-1232508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEITH, GARY D
PO BOX 380712
MURDOCK, FL 33938 US

Name and Address of New Registered Agent:

KEITH, GARY D
18412 PAULSON DRIVE
PORT CHARLOTTE, FL 33954 US

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.

SIGNATURE: _____

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: KEITH, GARY D
Address: PO BOX 380712
City-St-Zip: MURDOCK, FL 33938 US

Title: DVP () Delete
Name: SAUER, GREGORY
Address: 17141 WATERS EDGE CIRCLE
City-St-Zip: N. FT. MYERS, FL 33917

Title: DCS () Delete
Name: SAUER, CYNTHIA S
Address: 17141 WATERS EDGE CIRCLE
City-St-Zip: N. FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP (X) Change () Addition
Name: KEITH, GARY D
Address: 18412 PAULSON DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA S SAUER

DCS

01/10/2007

Electronic Signature of Signing Officer or Director

Date