2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# F93000003052

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:

14848 OLD US 41
NAPLES, FL 34110 US

Current Mailing Address:

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

New Mailing Address:

18412 PAULSON DR
PORT CHARLOTTE, FL 33954 US

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
18412 PAULSON DRIVE
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: LASPROGATO, JOAN T
Address: 4982 LAUREL HILL DR
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify 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: GARY D. KEITH DCP 01/09/2009

Electronic Signature of Signing Officer or Director Date