

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90002 037 ***150.00

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1. Entity Name
ITI TROPICALS INC.



Principal Place of Business

3371 ROUTE 1 SOUTH, SUITE 209
C/O GERRIT VAN MANEN
LAWRENCEVILLE, NJ 08648

Mailing Address

3371 ROUTE 1 SOUTH, SUITE 209
C/O GERRIT VAN MANEN
LAWRENCEVILLE, NJ 08648

44004614



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2928356

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VAN MANEN, GERRIT
STREET ADDRESS 3371 ROUTE 1 SOUTH, SUITE 209
CITY-ST-ZIP LAWRENCEVILLE, NJ 08648

TITLE SD
NAME VAN MANEN, STEPHANIE
STREET ADDRESS 3371 ROUTE 1 SOUTH, SUITE 209
CITY-ST-ZIP LAWRENCEVILLE, NJ 08648

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERRIT VAN MANEN

Date

1/21/04

Daytime Phone

6099870510