

FILED

Feb 04, 2005 08:00 A  
Secretary of State**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F98000004731

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

01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
22-2928356Applied For  
Not Applicable5. 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, 2005 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 08648TITLE SD  
NAME VAN MANEN, STEPHANIE  
STREET ADDRESS 3371 ROUTE 1 SOUTH, SUITE 209  
CITY-ST-ZIP LAWRENCEVILLE, NJ 08648TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DO NOT WRITE  
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

Date

Daytime Phone #