



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90218 023 \*\*\*150.00

<b>DOCUMENT # G35721</b> 1. Entity Name NIENOW'S TROPICALS, INC.					
Principal Place of Business 11102 NORTH STREET <del>P.O. BOX 1102</del> GIBSONTOWN, FL 33534-5324 US			Mailing Address 300 N.CIRCLE P.O. BOX 1102 SEBRING, FL 33870		
2. Principal Place of Business 911 Capriccio Lane Suite, Apt. #, etc.		3. Mailing Address 226 Ridgewood Dr Suite, Apt. #, etc.			
City & State Apollo Beach, FL Zip 33572 Country Hillsborough		City & State Sebring, FL Zip 33870 Country Highlands		4. FEI Number 59-2297041	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  LYBARGER, BRUCE J. 300 N.CIRCLE SEBRING, FL 33870			7. Name and Address of New Registered Agent Name Lybarger, Bruce J. Street Address (P.O. Box Number is Not Acceptable) 226 Ridgewood Drive City Sebring FL Zip Code 33870		
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 <u>Bruce Lybarger</u> DATE <u>4/21/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIENOW, ARTHUR 11102 NORTH ST. GIBSONTOWN, FL 33534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARA B. SCHULTZ 11102 NORTH STREET GIBSONTOWN, FL 33534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	911 Capriccio Lane Apollo Beach, FL 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	911 Capriccio Lane Apollo Beach, FL 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u>Arthur S Nienow</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-26-06 813-645-1951 <small>Date Daytime Phone #</small>			