

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90217 025 \*\*\*150.00

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<b>DOCUMENT # H54275</b> 1. Entity Name <b>TROPIC BUS SALES, INC.</b>					
Principal Place of Business <b>2900 RTE 9 MALTA</b> <b>BAELSTON SPA, NY 12020 US</b>			Mailing Address <b>2900 RTE 9 MALTA</b> <b>BALLSTON SPA, NY 12020 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2538667</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MATTHEWS, ROBERT E</b> <b>9440-204 MEADOWOOD DR</b> <b>FORT PIERCE, FL 34951</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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><i>Robert E. Matthews</i></u> DATE <u>4/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATTHEWS, GLENN J</b>		NAME		
STREET ADDRESS	<b>26 HARVEST LANE</b>		STREET ADDRESS	<b>66 LYNDON ROAD</b>	
CITY- ST- ZIP	<b>GANSEVOORT, NY 12831</b>		CITY- ST- ZIP	<b>QUEENS BURY, NY 12804</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATTHEWS, ROBERT E.</b>		NAME		
STREET ADDRESS	<b>9440-204 MEADOWOOD DR</b>		STREET ADDRESS	<b>413 WALNUT STREET #5030</b>	
CITY- ST- ZIP	<b>FORT PIERCE, FL 34951</b>		CITY- ST- ZIP	<b>GREEN COVE SPRINGS, FL 32043</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATTHEWS, BRUCE R</b>		NAME		
STREET ADDRESS	<b>1256 PINE SISKIN DRIVE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>PUNTA GORDA, FL 33950</b>		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATTHEWS, BRADLEY J</b>		NAME		
STREET ADDRESS	<b>3805 EDGEWATER ST</b>		STREET ADDRESS	<b>7509 FOREST CREEK RIDGE COURT</b>	
CITY- ST- ZIP	<b>HIGH POINT, NC 27265</b>		CITY- ST- ZIP	<b>SUMMERFIELD, NC 27358</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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><i>Robert E. Matthews</i></u>			4/20/04 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			518 584-2400 Daytime Phone #		