

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74212

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** TROPICANA SCREEN & GLASS INC.

**Current Principal Place of Business:**

% MANUEL F. MCALPIN  
99 PINE AVE  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

% MANUEL F. MCALPIN  
99 PINE AVE  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 59-2590115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCALPIN, MANUEL F.  
99 PINE AVE  
OLDSMAR, FL 33557 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:** PD  
**Name:** MCALPIN, MANUEL F.  
**Address:** 55 WOODCUTTER LN  
**City-St-Zip:** PALM HARBOR, FL

**Title:** STD  
**Name:** MCALPIN, BETTY S.  
**Address:** 55 WOODCUTTER LANE  
**City-St-Zip:** PALM HARBOR, FL

**Title:** VD  
**Name:** MCALPIN, PATRICK K  
**Address:** 10136 HERMOSILLO DR  
**City-St-Zip:** NEW PORT RICHEY, FL

I hereby 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 all other like empowered.

**SIGNATURE:** MANUEL F MCALPIN

PRES

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date