
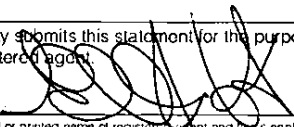
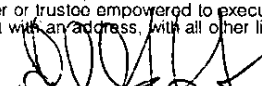


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90108 022 ***150.00

DOCUMENT # H75066 1. Entity Name TROPICAL REALTY OF PORT ST. LUCIE, INC.					
Principal Place of Business 602 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953 US			Mailing Address C/O GUTERL P.O. BOX 7660 PORT ST. LUCIE FL 34985 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 308 Chambard Terr Suite, Apt. #, etc.			
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL		4. FEI Number 59-2607423	
Zip 33410		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTERL, ELLEN J. 612 SW PORT ST LUCIE BLVD PORT ST. LUCIE FL 34953			7. Name and Address of New Registered Agent Name Guterl, Ellen J. Street Address (P.O. Box Number is Not Acceptable) 308 Chambard Terrace City Palm Beach Gardens FL Zip Code 33410		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: center;"> Ellen J. Guterl </div> <div style="width: 30%; text-align: right;"> 1-29-07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PT GUTERL, ELLEN J. 612 SW PORT ST LUCIE BLVD PORT ST. LUCIE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 7660 Port St Lucie, FL 34985	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GUTERL, ELLEN J. 612 SW PORT ST LUCIE BLVD PORT ST. LUCIE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. - Box 7660 Port St Lucie, FL 34985	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DLOUGHY, JAMES D P.O. BOX 7392 PORT ST. LUCIE FL 34985	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 Section 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: 			President 1-29-07 772 878-6801		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone *</small>		