

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90020 027 ***150.00

DOCUMENT # J08034

1. Entity Name

TROPIC INVESTMENTS, INC.



Principal Place of Business

3299 NW 2ND AVE
#200
BOCA RATON FL 33431
US

Mailing Address

PO BOX 811135
BOCA RATON FL 33481
US

2404JUN



MOORE

CR2E034 (11/03)

2. Principal Place of Business

7999 N. Federal Hwy
Suite, Apt. #, etc.
Ste 202
City & State
Boca Raton, FL

3. Mailing Address

P.O. Box 811135
Suite, Apt. #, etc.

City & State

Boca Raton, FL

4. FEI Number

59-2680182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSTINE, DAVID A.
3299 NW 2ND AVE
#200
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
Rustine, David A.
Street Address (P.O. Box Number is Not Acceptable)
7999 N. Federal Hwy
Ste 202
City
Boca Raton FL Zip Code
33487

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

David A. Rustine
David A. Rustine, as President

4/1/04

(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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUSTINE, DAVID A.	
STREET ADDRESS	3299 NW 2ND AVENUE #200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSTINE, REBECCA	
STREET ADDRESS	3299 NW 2ND AVE # 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUSTINE, DAVID A.	
STREET ADDRESS	3299 NW 2ND AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rustine, David A.	
STREET ADDRESS	7999 N. Federal Hwy #202	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rustine, Rebecca	
STREET ADDRESS	7999 N. Federal Hwy, #202	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rustine, David A.	
STREET ADDRESS	7999 N. Federal Hwy #202	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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(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:

David A. Rustine
David A. Rustine, as President

4/1/04

Date

561-992-8000

Daytime Phone #