

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90053 010 ***150.00

DOCUMENT # J33193

1. Entity Name
TROPICTURES, INC.



Principal Place of Business
**6121 SW 166 AVE.
FT. LAUDERDALE, FL 33331**

Mailing Address
**6121 SW 166 AVE.
FT. LAUDERDALE, FL 33331**

J0010430



2. Principal Place of Business
7020 GRIFFIN ROAD
Suite, Apt. #, etc.

3. Mailing Address
7020 GRIFFIN ROAD
Suite, Apt. #, etc.

01282005 Chg-P CR2E034 (10/03)

City & State
BROOKSVILLE, FL
Zip **34601** Country

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Zip **34601** Country

4. FEI Number
59-2717698
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FULLER, GEORGE C.
6121 SW 166 AVE
FT. LAUDERDALE, FL 33331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7020 GRIFFIN ROAD

City **BROOKSVILLE, FL** Zip Code **34601**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
FULLER, GEORGE C.
6121 S.W. 166TH AVE.
FT. LAUDERDALE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FULLER, VIRGINIA B.
6121 S.W. 166TH AVE.
FT. LAUDERDALE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
**7020 GRIFFIN ROAD
BROOKSVILLE, FL 34601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
**7020 GRIFFIN ROAD
BROOKSVILLE, FL 34601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Virginia B. Fuller VIRGINIA B. FULLER 1/29/05 (352) 796-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #