

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # J99687

1. Entity Name

TROPIC VENTURES, INC.



Principal Place of Business

2251 HAMMONDVILLE ROAD  
B  
POMPANO BEACH FL 33069  
US

Mailing Address

2740 N.E. 5TH STREET  
P.O. BOX 1237  
POMPANO BEACH FL 33061-1237  
US



MOORE CR2E034 (11/03)

2. Principal Place of Business

430 S. Dixie Highway West  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Zip

33060

Country

USA

Country

4. FEI Number

65-0016560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILES, LINDA  
2740 N.E. 5TH STREET  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 PD ☐ Delete  
NAME GILES, WILLIAM H., JR.  
STREET ADDRESS 2740 N.E. 5TH STREET  
CITY-ST-ZIP POMPAN BEACH FL

TITLE SD ☐ Delete  
NAME GILES, LINDA  
STREET ADDRESS 2740 N.E. 5TH ST.  
CITY-ST-ZIP POMPANO BCH. FL

TITLE VTD ☐ Delete  
NAME GILES, DOUG  
STREET ADDRESS 1274 SW 28TH AVE  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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)(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 *Linda Giles* LINDA GILES SD

2/2/04

954-781-3886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #