

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K38374

FILED
Sep 04, 2009
Secretary of State

Entity Name: TROPICAL SIDING & SOFFIT, INC.

Current Principal Place of Business:

485 A STAN DR
485-D
MELBOURNE, FL 32904

New Principal Place of Business:

485 D STAN DR
485-D
MELBOURNE, FL 32904

Current Mailing Address:

485 A STAN DR
485-D
MELBOURNE, FL 32904

New Mailing Address:

485 D STAN DR
485-D
MELBOURNE, FL 32904

FEI Number: 59-2911584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, TIMOTHY N.
2508 REED AVENUE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

MOORE, TIMOTHY N PRESIDE
2508 REED AVENUE
MELBOURNE, FL 32901 US

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: TIMOTHY N. MOORE

09/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOORE, TIMOTHY N.
Address: 2508 REED AVE.
City-St-Zip: MELBOURNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY N. MOORE

PRES

09/04/2009

Electronic Signature of Signing Officer or Director

Date