

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-24-2005 90001 029 ***150.00
K76030

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05232005 Chg-P CR2E034 (10/03)

DOCUMENT # K76030 1. Entity Name TROPICAL GARDENS FISH FARM, INC.					
Principal Place of Business 15160 MCGRADY RD BALM, FL 33503		Mailing Address PO BOX 526 BALM, FL 33503			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2940461	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, JOHN H SR 15160 MCGRADY RD BALM, FL 33503				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: <u>John H. Schultz SR</u> <i>John H. Schultz SR</i> CEOP 6-21-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	CEOP SCHULTZ, JOHN H SR 15160 MCGRADY RD BALM, FL 33503 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 any other like empowered.					
SIGNATURE: <u>John H. Schultz SR</u> <i>John H. Schultz SR</i> 6-21-05 813 634 2168 <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>					