

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L08363 1. Entity Name TROPICAL HEATWAVE DESIGNS, INC.	
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Principal Place of Business 526 NE 13TH STREET FORT LAUDERDALE, FL 33304 US	Mailing Address 526 NE 13TH STREET FORT LAUDERDALE, FL 33304 US
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04082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3041413	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARKSON, JUNE M., ESQ. 1311 ADAMS ST HOLLYWOOD, FL 33019

**DO NOT WRITE
IN THIS SPACE**

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 _____ **U00000502058**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **04/25/06-80088-012 150.00**
DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HODGES, ELIZABETH ANN 11050 SW 11TH PLACE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HODGES, CLAUDE D 1536 CHADWICK WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HODGES, NAOMI D 1439-B CAPTAIN'S WALK FORT PIERCE, FL 34930
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **CLAUDE D. HODGES** **4-8-06** **850 410-5621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #