

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08363

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** TROPICAL HEATWAVE DESIGNS, INC.

**Current Principal Place of Business:**

11050 SW 11TH PLACE  
DAVIE, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

11050 SW 11TH PLACE  
DAVIE, FL 33324 US

**New Mailing Address:**

**FEI Number:** 59-3041413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARKSON, JUNE M., ESQ.  
1311 ADAMS ST  
HOLLYWOOD, FL 33019 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HODGES, ELIZABETH ANN  
Address: 11050 SW 11TH PLACE  
City-St-Zip: DAVIE, FL 33324

Title: V  
Name: HODGES, CLAUDE D  
Address: 1536 CHADWICK WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D  
Name: HODGES, NAOMI D  
Address: 1439-B CAPTAIN'S WALK  
City-St-Zip: FORT PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: CLAUDE D. HODGES

V

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date