

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L26708

FILED  
Jul 22, 2009  
Secretary of State

Entity Name: LOTUS TROPICAL BONSAI, INC.

## Current Principal Place of Business:

6188 JANES LANE  
NAPLES, FL 34109 US

## New Principal Place of Business:

6329 PARKERS HAMMOCK RD  
NAPLES, FL 34112 US

## Current Mailing Address:

1055 POMPEI LANE  
NAPLES, FL 34103 US

## New Mailing Address:

6329 PARKERS HAMMOCK RD  
NAPLES, FL 34112 US

FEI Number: 65-0154563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILD, JOHN D VP  
1055 POMPEI LANE  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

WILD, JOHN D P  
6329 PARKERS HAMMOCK RD  
NAPLES, FL 34112 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: JOHN D WILD

07/22/2009

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: WILD, RICHARD F.  
Address: 1055 POMPEI LANE  
City-St-Zip: NAPLES, FL 34103

Title: DST ( ) Delete  
Name: KIRBY, JAMES H  
Address: 17800 PRONGHORN ST  
City-St-Zip: ALVA, FL 99326

Title: DVP (X) Delete  
Name: WILD, JOHN D  
Address: 6329 PARKERS HAMMOCK RD  
City-St-Zip: NAPLES, FL 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: WILD, JOHN D PRESIDE  
Address: 6329 PARKERS HAMMOCK RD  
City-St-Zip: NAPLES, FL 34112

Title: DVP (X) Change ( ) Addition  
Name: KIRBY, JAMES H VICE PR  
Address: 17800 PRONGHORN ST  
City-St-Zip: ALVA, FL 99326

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: JOHN D .WILD

P

07/22/2009

Electronic Signature of Signing Officer or Director

Date