


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L43158  
1. Entity Name  
TROPICAL TOOL SHARPENING, INC.



Principal Place of Business  
1408 S.W. 15TH AVE.  
OCALA, FL 34474 US

Mailing Address  
1408 S.W. 15TH AVE.  
OCALA, FL 34474 US



03272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2997948

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ANICH, MARY-HELEN  
1995 SW 97TH PLACE  
OCALA, FL 34476

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

DATE: 000000510543M

04/28/06-80010-018 150.00M

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	ANICH, TIFFANY
STREET ADDRESS	1995 S.W. 97TH PLACE
CITY - ST - ZIP	OCALA, FL
TITLE	P
NAME	ANICH, S D
STREET ADDRESS	1995 SW 97TH PLACE
CITY - ST - ZIP	OCALA, FL
TITLE	VPS
NAME	ANICH, MARY-HELEN
STREET ADDRESS	1995 SW 9TH PLACE
CITY - ST - ZIP	OCALA, FL
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: *Mary-Helen Anich, V. P. Anich* 4/12/06 352-368-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #