


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L81611	
1. Entity Name TROPICAL CONTRACTING COMPANY, INC.	

Principal Place of Business C/O GARY W. ROARK 797 105TH AVE. NORTH NAPLES, FL 34108 US	Mailing Address C/O GARY W. ROARK 797 105TH AVE. NORTH NAPLES, FL 34108 US
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0215157	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROARK, GARY W. 797 105TH AVENUE NORTH NAPLES, FL 33963
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**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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROARK, GARY W. 797 105TH AVE. NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROARK, SARAH KATHRYN 797 105TH AVE. NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/23/04-80006-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Sarah Kathryn Roark Sarah Kathryn Roark 1/19/04 239-597-76
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
239-597-498