

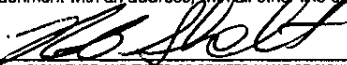


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005746			
1. Entity Name TROPICAL FARMS VOLUNTEER FIRE DEPARTMENT OF MARTIN COUNTY, FLORIDA, INC.			
Principal Place of Business 8446 S.W. TROPICAL AVE. STUART, FL 34997		Mailing Address 8446 S.W. TROPICAL AVE. STUART, FL 34997	
DO NOT WRITE IN THIS SPACE			
		01302007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2478659	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SHELT, ROB 2441 SW REGENCY ROAD STUART, FL 34997		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAVARGNA, LARRY 2281 SW RIVERSIDE DR PALM CITY, FL 34990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ABDELLA, STEVE 130 SE TAHOE TERR STUART, FL 34997		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SHELT, ROB 2441 SW REGENCY ROAD STUART, FL 34997		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 617, 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:  Rob Shelt DTS		1/30/07 260.7594	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	