

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001839

FILED
Feb 22, 2004
Secretary of State

Entity Name: TROPICAL PARADISE WHOLESale FOLIAGE, INC.

Current Principal Place of Business:

4845 SADDLEHORN TR.
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4845 SADDLEHORN TR.
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-3621954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, GREGGORY
4845 SADDLEHORN TR.
MIDDLEBURG, FL 32068

Name and Address of New Registered Agent:

FULLER, GREGGORY
4845 SADDLEHORN TR.
MIDDLEBURG, FL 32068

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: GREGORY FULLER

02/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FULLER, GREGGORY
Address: 4845 SADDLEHORN TR.
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: FULLER, CARLA M
Address: 4845 SADDLEHORN TR.
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FULLER, GREGGORY
Address: 4845 SADDLEHORN TR.
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLA FULLER

VP

02/22/2004

Electronic Signature of Signing Officer or Director

Date