

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001839

FILED
May 05, 2008
Secretary of State

Entity Name: TROPICAL PARADISE WHOLESale FOLIAGE, INC.

Current Principal Place of Business:

1062 BRANANFIELD RD
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

1062 BRANAN FIELD RD
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, GREGORY
1062 BRANAN FIELD RD
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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:

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: P () Delete
Name: FULLER, GREGORY
Address: 135 ANDERSON DRIVE
City-St-Zip: ROEBUCK, SC 29376

Title: VP () Delete
Name: FULLER, CARLA M
Address: 135 ANDERSON DRIVE
City-St-Zip: ROEBUCK, SC 29376

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GREGORY M FULLER

PRES

05/05/2008

Electronic Signature of Signing Officer or Director

Date