

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000001839

**FILED**  
**Aug 31, 2010**  
**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 BRANANFIELD RD  
MIDDLEBURG, FL 32068

**New Mailing Address:**

135 ANDERSON DRIVE  
ROEBUCK, SC 29376

**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 M  
1062 BRANAN FIELD RD  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

WINEBRENNER, CHARLES A  
1062 BRANAN FIELD RD  
MIDDLEBURG, FL 32068 US

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:** CHARLES A WINEBRENNER

08/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FULLER, GREGORY M  
**Address:** 135 ANDERSON DRIVE  
**City-St-Zip:** ROEBUCK, SC 29376

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

I hereby 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 all other like empowered.

**SIGNATURE:** GREGORY M FULLER

P

08/31/2010

Electronic Signature of Signing Officer or Director

Date