2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL KEPUKI (AK)					, FILED		
DOCUMENT # P0000038400 1. Entity Name					Feb 02, 2004 08:00 AM Secretary of State		
COLOR ZONE TROPICALS INC.					Secretary (n Stat	ic
Principal Place of Business Mailing Address				·l	1		
9940 BLACK BEAR LANE		9940 BLACK BEAR LANE			}		
WINTER GARDEN FL 34787		WINTER GARDEN FL 34787				terr eren esus 61	
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Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Surte, Apt #, etc.		, (*** #********************************	1	reitt eftil 69ili ka	
					MOORE CR2E034		
City & State		City & State			4. FEI Number 59-3619019	ļ	oplied For of Applicable
Zip	Country	Zip	Zip Coun			\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered A	gent	
GROVES, GRANT				Name			
9940 BLACK BEAR LANE WINTER GARDEN FL 34787				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	е
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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					9. Election Campaign Financing	\$5.0	May Be
Make Check Payable to Florida Department of State					Trust Fund Contribution.		to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 11
TITLE	P	☐ Delete	TITL		. Collector of the Coll	☐ Change	Addition
NAME	GROVES, GRANT		NAM	E		_ •	_
STREET ADDRESS	SS 9940 BLACK BEAR LN		STRE	ET ADDRESS	ADDRESS U00000026571 -2P 02/03/04-80013-003 150.00		
City-St-ZIP	WINTER GARDEN FL 34787		CITY	-ST-ZIP	02703704-80013-00	3 15U.	<u>(1)</u>
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NAME	GROVES, MAGALI		NAM	-			
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	WINTER GARDEN FL 34787	<u></u>	CHY	-ST-ZIP	4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
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indicated	on this report or supplemental report is	i uns thing does not quality fo true and accurate and that r	r the exer ny signat	mption stated in Se ture shall have the s	cron 119.07(3)(i), Florida Statutes. I further cert same legal effect as if made under oath; that I a	ty that the in man officer	ntormation or director
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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

SIGNATURE: _

407-616-7598

Daytime Phone #