

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90298 020 \*\*\*150.00

**DOCUMENT # P00000051108**

1. Entity Name  
**TROPIC TRADER, INC.**



Principal Place of Business  
**9206 LA MANCHA CT.  
FORT MYERS, FL 33912**

Mailing Address  
**9206 LA MANCHA CT.  
FORT MYERS, FL 33912**

**14011731**

2. Principal Place of Business  
**3680 Ellis Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3680 Ellis Rd.**  
Suite, Apt. #, etc.

City & State  
**Fort Myers, FL**  
Zip  
**33905** Country  
**USA**

City & State  
**Fort Myers, FL**  
Zip  
**33905** Country  
**USA**

04272005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1010239** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MACE, JANICE E  
9206 LA MANCHA CT.  
FORT MYERS, FL 33912**

**7. Name and Address of New Registered Agent**

Name  
**Mace, Janice E**  
Street Address (P.O. Box Number is Not Acceptable)  
**3680 Ellis Rd.**  
City  
**Fort Myers** FL Zip Code  
**33905**

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

Signature, typed or printed name of registered agent and title if applicable.

**Janice Mace, President**

(NOTE: Registered Agent signature required when reinstating)

**4/27/05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MACE, JANICE  
9206 LA MANCHA CT.  
FORT MYERS, FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MACE, KENNETH  
9206 LA MANCHA CT.  
FORT MYERS, FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MACE, JARED  
9206 LA MANCHA CT.  
FORT MYERS, FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MACE, JACOB  
9206 LA MANCHA CT.  
FORT MYERS, FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Mace, Janice E  
3680 Ellis Rd.  
Fort Myers, FL 33905** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Mace, Kenneth J.  
3680 Ellis Rd  
Fort Myers, FL 33905** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Mace, Jared  
3680 Ellis Rd.  
Fort Myers, FL 33905** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Mace, Jacob  
3680 Ellis Rd  
Fort Myers, FL 33905** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 or 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Janice Mace, President** **4/27/05** **(239) 822-1654**  
Date Daytime Phone #