2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000070187

1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

TROPICAL PAINTING COMPANY II, INC.



Principal Place of Business

901 NE 18TH COURT, APT 105 FORT LAUDERDALE, FL 33305 Mailing Address 13810 SUTTON PK DR N APT 611

JACKSONVILLE, FL 32224

FILED May 01, 2006 08:00 Al Secretary of State



DO	NOT	WRIT	TE IN	THIS	SPACE

04272006

No Chg-P

CR2E034 (11/05)

FEI Number
 65-1032308

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, JOE 430 N.W. 57 CT. FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

10111 1510	SELIENCE, LE COCCO		IN THIS SPACE		
	named entity submits this statement for the pations of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and site it	I applicable (NOTE Registered	l Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finan- Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			*************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEUMER, CHRISTOPHER 901 NE 18TH COURT, APT 105 FORT LAUDERDALE, FL 33305	-			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VPD BEUMER, CHARLOTTE A 13810 SUTTON PARK DRIVE #611 JACKSONVILLE, FL 32224	·			000000552865 05/15/06-80027-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TIPLE					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statufes. 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:	Chirlotte	a. Beun	er, Vice Pres
CHA	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICE	R OR DIRECTOR

4/29/06 904-223-175

Daytime Phone #