

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115872

FILED  
Mar 13, 2004  
Secretary of State

Entity Name: TROPIC GREENERY, INC.

**Current Principal Place of Business:**

1904 ABINGTON DR.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1904 ABINGTON DR.  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 59-3688406      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALF, LINDA J  
1904 ABINGTON DR.  
MELBOURNE, FL 32901

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ALF, JOSEPH M  
Address: 1904 ABINGTON DR.  
City-St-Zip: MELBOURNE, FL 32901

Title: DST ( ) Delete  
Name: ALF, LINDA J  
Address: 1904 ABINGTON DR.  
City-St-Zip: MELBOURNE, FL 32901

Title: DV ( ) Delete  
Name: ALF, JUSTIN J  
Address: 250 SHERIDAN AVENUE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DV (X) Change ( ) Addition  
Name: ALF, JUSTIN J  
Address: 1932 ABINGTON DR.  
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA J. ALF

DST

03/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date