

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90041 026 \*\*\*150.00

**DOCUMENT # P01000065126**

1. Entity Name

**TROPICAL MUSCLECARS INC.**



Principal Place of Business

**11163 57 TERRACE NORTH  
SEMINOLE FL 33772**

Mailing Address

**11163 57 TERRACE NORTH  
SEMINOLE FL 33772**

**54027671**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

**10616 BLOSSOM LAKE DR  
Suite, Apt. #, etc.**

3. Mailing Address

**10616 BLOSSOM LAKE DR  
Suite, Apt. #, etc.**

City & State

**SEMINOLE FL**

City & State

**SEMINOLE FL**

Zip

Country

**11332 PINELLAS**

Zip

Country

**11332 PINELLAS**

4. FEI Number

**11-2632311**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINO, JOSEPH P  
11163 57TH TERRACE N  
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 **JOSEPH P. MARTINO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/19/04**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P MARTINO, JOSEPH P**  
STREET ADDRESS **11163 57TH TERRACE N**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Delete  
NAME **MARTINO JOE**  
STREET ADDRESS **10616 BLOSSOM LAKE DR**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

**2/19/04**

Date

**727 365-6622**

Daytime Phone #