

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076524

Entity Name: URBAN TROPICAL, INC.

FILED
Jun 25, 2009
Secretary of State

Current Principal Place of Business:

6209 ROBBINS RD.
LAKELAND, FL 33810

New Principal Place of Business:

8655 PARK BYRD RD
LAKELAND, FL 33810

Current Mailing Address:

6209 ROBBINS RD.
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 59-3739234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUILLEN, ERNEST RAY
6209 ROBBINS RD.
LAKELAND, FL 33810 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: QUILLEN, ROBERTA SUE
Address: 6209 ROBBINS RD.
City-St-Zip: LAKELAND, FL 33810

Title: DVPT () Delete
Name: KELLY, JAMES W
Address: P.O.BOX 2178
City-St-Zip: LAKELAND, FL 338062178

Title: DSEC () Delete
Name: QUILLEN, ERNEST RAY
Address: 6209 ROBBINS RD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ERNEST RAY QUILLEN

DSEC

06/25/2009

Electronic Signature of Signing Officer or Director

Date