

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000080859

1. Entity Name  
TROPICAL WAVE PAINTING, INC.



**FILED**

**Jul 02, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

1781 73 AVE N  
ST PETERSBURG, FL 33702

Mailing Address

1781 73 AVE N  
ST PETERSBURG, FL 33702



06282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3741064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOSEPH C  
1781 73RD AVE N  
ST PETERSBURG, FL 33702

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DAVIS, JOSEPH C 1781 73 AVE N ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERARD-DAVIS, MELANIE 1781 73 AVE N ST PETERSBURG, FL 33702
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00000953491  
07/02/08-80001-027 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Melanie Davis Melanie Davis 6/28/08 727/528-0408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #