

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065354

Entity Name: DADE CITY TROPICALS, INC.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

2005 6TH ST., SE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

2005 6TH ST., SE
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 02-0619791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATER, CHARLES M
200 SOUTH 6TH SREET SE
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

PRATER, CHARLES M
2005 6TH ST.S.E.
RUSKIN, FL 33570 US

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:

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRATER, CHARLES M
Address: 2005 6TH ST., SE
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: PRATER, CHARLENE E
Address: 2005 6TH STREET SE
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PRATER, CHARLENE E
Address: 2005 6TH ST. SE
City-St-Zip: RUSKIN, FL 33570

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: CHARLES M. PRATER

D

01/04/2005

Electronic Signature of Signing Officer or Director

Date