

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90034 007 ***150.00

DOCUMENT # P02000065810

1. Entity Name

TROPIC CENTRAL GROWERS, INC.



Principal Place of Business

8 SOUTH J STREET, SUITE 3
LAKE WORTH FL 33460

Mailing Address

8 SOUTH J STREET, SUITE 3
LAKE WORTH FL 33460



2. Principal Place of Business - No P.O. Box #

13300 A Okeechobee Rd.
Suite, Apt. #, etc.

3. Mailing Address

13300 A Okeechobee Rd.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Fort Pierce FL
Zip 34945 Country USA

City & State

Fort Pierce FL
Zip 34945 Country USA

4. FEI Number

03-0460787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINNEY, WILLIAM M
8 SOUTH J STREET, SUITE 3
LAKE WORTH FL 33460

(See new address)

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

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when restructuring)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 CEO
NAME FINNEY, WILLIAM M
STREET ADDRESS 8 SOUTH J STREET, SUITE 3
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete *see new address*

TITLE PRES
NAME FINNEY II, WILLIAM M
STREET ADDRESS 8 SOUTH J STREET, SUITE 3
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete *see new address*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Matthew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

Date

Day-Mo-Year