

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90001 025 ***158.75

DOCUMENT # P02000072134					
1. Entity Name TROPICAL HEALTHY FOOD CORPORATION					
Principal Place of Business 4994 NW 39TH AVE SUITE C GAINESVILLE, FL 32606			Mailing Address 4994 NW 39TH AVE SUITE C GAINESVILLE, FL 32606		
2. Principal Place of Business		3. Mailing Address 3149 SE 54th Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ocala, FL		4. FEI Number 36-4501533	
Zip		Zip 34471		Country USA	
6. Name and Address of Current Registered Agent GORDIAN, CARLOS 3149 SOUTHEAST 54TH CIRCLE OCALA, FL 34471				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: <u>Carlos F. Gordian</u> July 5th, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDIAN, CARLOS 3149 SOUTHEAST 54TH CIRCLE OCALA, FL 34471		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Arroyo, Nilda 3149 SE 54th Circle Ocala, FL 34471	
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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: <u>Carlos F. Gordian</u> July 5th, 2004 (352)624-8781 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					