


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000132329</b>	
1. Entity Name <b>TROPICAL SYSTEMS AND SERVICES, INC.</b>	

Principal Place of Business <b>1245 ELYSIUM BLVD MOUNT DORA, FL 32757 US</b>	Mailing Address <b>P O BOX 1365 MOUNT DORA, FL 32756 US</b>
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>54-2087008</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SHATZER, JANET E  
1245 ELYSIUM BLVD  
MOUNT DORA, FL 32757**

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE _____
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>SHATZER, CHARLES T JR.</b>
NAME	<b>1245 ELYSIUM BLVD</b>
STREET ADDRESS	<b>MOUNT DORA, FL 32757</b>
CITY-ST-ZIP	
TITLE <b>S.T</b>	<b>SHATZER, JANET E</b>
NAME	<b>1245 ELYSIUM BLVD</b>
STREET ADDRESS	<b>MOUNT DORA, FL 32757</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/08-80029-021 150.00

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:** *Janet E Shatzer* **Janet E Shatzer** 1-17-08 (352) 267-6546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #