

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000134315

1. Entry Name
TROPIC ARTS ENTERPRISES INC.



Principal Place of Business
**18565 48TH AVE 14
LOXAHATCHEE, FL 33470**

Mailing Address
**18565 48TH AVE 14
LOXAHATCHEE, FL 33470**



01262006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1580045

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LILJEGREN, ROBERT N
18565 48TH AVENUE NORTH
LOXAHATCHEE, FL 33470**

**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 ROBERT LILJEGREN PRESIDENT [Signature] 4-8-6
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LILJEGREN, ROBERT N
STREET ADDRESS 18565 48TH AVE N
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE VP
NAME ACOSTA, RONNIE
STREET ADDRESS 501 MAYFLOWER LN APT 1
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000498025
04/22/06-80077-019 150.00

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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:

[Signature] ROBERT LILJEGREN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #