

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-09-2004 90064 011 ***158.75

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1. Entity Name
TROPICAL IMPORT, INC.



Principal Place of Business
**2030 OLD DIXIE HIGHWAY SE
VERO BEACH FL 32962**

Mailing Address
**2030 OLD DIXIE HIGHWAY SE
VERO BEACH FL 32962**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 3084
Suite, Apt. #, etc.

City & State
TEQUESTA, FL

Zip
33469

Country
USA



MOORE CR2E034 (11/03)

4. FEI Number **75-3099432**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**GRANITUR, ERIC
535 GREYTWIG ROAD, SUITE 5
VERO BEACH FL 32962**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, RODNEY 2030 OLD DIXIE HIGHWAY SE VERO BEACH FL 32962	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 3084 TEQUESTA FL 33469
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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: _____ **3-24-04** **772-545-1961**
Signature and typed or printed name of signing officer or director Date Daytime Phone