

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State


08-09-2004 90004 001 ***155.00

66432711



DOCUMENT # P03000027331

1. Entity Name
JH TROPIC VENTURES, INC.



Principal Place of Business
593 10 PLACE
VERO BEACH, FL 32960

Mailing Address
593 10 PLACE
VERO BEACH, FL 32960

2. Principal Place of Business
6475 CYPRESS SPRINGS PKWY
 Suite, Apt. #, etc.
PORT ORANGE, FL

3. Mailing Address
 Suite, Apt. #, etc.
SAME

City & State
PORT ORANGE, FL

City & State
SAME

Zip
32128

Country
USA

Zip
32128

Country
USA

07192004 Chg-P CR2E034 (10/03)

4. FEI Number
90-0071436

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HEWITT, JAMES A
593 10 PLACE
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent


Name
HEWITT, JAMES A.

Street Address (P.O. Box Number is Not Acceptable)
6475 CYPRESS SPRINGS PARKWAY

City
PORT ORANGE

FL Zip Code
32128

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:  DATE: **7/28/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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.

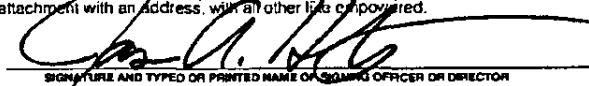
10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEWITT, JAMES A 593 10 PLACE VERO BEACH, FL 32960 | <input checked="" type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEWITT, JAMES A. 6475 CYPRESS SPRINGS PARKWAY PORT ORANGE, FLORIDA 32128 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  DATE: **7/28/04** (386) 767-4967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. HEWITT