


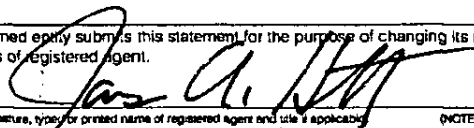
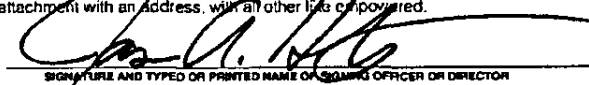
2004 FOR PROFIT CORPORATION ANNUAL REPORT

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	
City & State		City & State	
Zip 32128	Country USA	Zip	Country
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 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			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 HEWITT, JAMES A 593 10 PLACE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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		DATE	