# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111938

**FILED**
**Apr 11, 2010**
**Secretary of State**

**Entity Name:** TROPICAL VENTURES OF NEWBERRY, INC.

**Current Principal Place of Business:**

25522 S. W. 19TH AVE.
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 643
NEWBERRY, FL 32669 US

**New Mailing Address:**

**FEI Number: 20-0338352** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTMAN, GARY W
25522 S. W. 19TH AVE.
NEWBERRY, FL 32669 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P
Name: WALTMAN, GARY W
Address: P. O. BOX 643
City-St-Zip: NEWBERRY, FL 32669 US

Title: VP
Name: WALTMAN, MARTHA E
Address: P. O. BOX 643
City-St-Zip: NEWBERRY, FL 32669 US

Title: SEC
Name: WALTMAN, GARY W
Address: P.O. BOX 643
City-St-Zip: NEWBERRY, FL 32669 US

Title: TREA
Name: WALTMAN, MARTHA E
Address: P.O. BOX 643
City-St-Zip: NEWBERRY, FL 32669 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY W. WALTMAN P 04/11/2010

Electronic Signature of Signing Officer or Director Date