

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000135474

1. Entity Name
BAMBU TROPICAL, INC.



Principal Place of Business
737 OHIO AVENUE
PALM HARBOR, FL 34683

Mailing Address
PO BOX 181
OZONA, FL 34660 US



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0714851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EICHAR, DONALD F
737 OHIO AVENUE
PALM HARBOR, FL 34683

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000902955
04/30/08-80027-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EICHAR, DONALD F
STREET ADDRESS	737 OHIO AVENUE
CITY-STATE-ZIP	PALM HARBOR, FL 34683

TITLE	T
NAME	EICHAR, DONALD F
STREET ADDRESS	737 OHIO AVENUE
CITY-STATE-ZIP	PALM HARBOR, FL 34683

TITLE	S
NAME	EICHAR, DONALD F
STREET ADDRESS	737 OHIO AVENUE
CITY-STATE-ZIP	PALM HARBOR, FL 34683

TITLE	VP
NAME	EICHAR, LYNN L
STREET ADDRESS	737 OHIO AVENUE
CITY-STATE-ZIP	PALM HARBOR, FL 34683

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
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:

Lynn Etcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-08 727-734-0999
Date Daytime Phone #