

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000140093

1. Entity Name  
TROPIC AIR, INC.



Principal Place of Business  
2106 BETTY ANN DR  
AUBURNDAL, FL 33823-4701

Mailing Address  
2106 BETTY ANN DR  
AUBURNDAL, FL 33823-4701



01302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
76-0753023

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FULBRIGHT, GREGORY D  
2106 BETTY ANN DR  
AUBURNDAL, FL 33823-4701

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FULBRIGHT, GREGORY D
STREET ADDRESS	2106 BETTY ANN DR
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	V
NAME	FULBRIGHT, ANTHONY J
STREET ADDRESS	6334 LUNN WOODS WAY
CITY-ST-ZIP	LAKE LAND, FL 33810
TITLE	V
NAME	FULBRIGHT, GLYNDA
STREET ADDRESS	2106 BETTY ANN DR
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000003305223  
04/14/05-80076-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Gregory D. Fulbright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05  
Date

863-965-0386  
Daytime Phone #