

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 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**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0753023	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	LAKELAND, 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	

U00000381994
01/11/06-80077-020 150.00

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

1-16-06 863-965-0386
Date Daytime Phone #