2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
03-22-2005 90008 022 ***150.00

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1. Entity Name
TROPICAL PAINTERS INC.

66010865

Principal Place of Business	Mailing Address
5440 JIM DAVIS RD. PARRISH, FL 34219	5440 JIM DAVIS RD. PARRISH, FL 34219

02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0419684
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARTHUR, JOHN A
5440 JIM DAVIS RD.
PARRISH, FL 34219

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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 John A Arthur president DATE 3-16-05
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	ARTHUR, JOHN A
STREET ADDRESS	5440 JIM DAVIS RD.
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	D
NAME	ARTHUR, JOHN A II
STREET ADDRESS	5440 JIM DAVIS RD.
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	D
NAME	ARTHUR, ROBERT E
STREET ADDRESS	212 60TH AVE. WEST
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: John A Arthur 4/14/-05 941-776-3270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #