

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000010522

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: TROPICAL ABALONE COMPANY

**Current Principal Place of Business:**

HARBOR BRANCH OCEANOGRAPHIC INSTITUTE  
5600 US 1 NORTH  
FT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

3722 LONGROAD CIRCLE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

3722 LONGFFORD CIRCLE  
ORMOND BEACH, FL 32174

FEI Number: 20-0525768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAVANAUGH, JOSEPH A  
3722 LONGFORD CIR  
ORMOND BCH, FL 32174 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: D ( ) Delete  
Name: CAVANAUGH, JOSEPH A  
Address: 3722 LONGFORD CIR  
City-St-Zip: ORMOND BCH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JCAVANAUGH

PRES

04/24/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date