

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000010522

Entity Name: TROPICAL ABALONE COMPANY

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

3722 LONGFORD CIR
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

3722 LONGFORD CIRCLE
ORMOND BEACH, FL 32174

New Mailing Address:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CAVANAUGH, JOSEPH A
Address: 3722 LONGFORD CIR
City-St-Zip: ORMOND BCH, FL 32174

Title: VPSD () Change (X) Addition
Name: CROSS, WILLIAM A
Address: 3767 CARRICK DR
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM A. CROSS

VPSD

04/23/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date