

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000104387

1. Entity Name  
TROPIC-CURB INC



**FILED  
Apr 27, 2005 8:00 am  
Secretary of State**

04-27-2005 90288 002 \*\*\*150.00

Principal Place of Business  
715 N. LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34237

Mailing Address

715 N. LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34237



2. Principal Place of Business  
734 COLT LANE

Suite, Apt. #, etc.

3. Mailing Address  
734 COLT LANE

Suite, Apt. #, etc.

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

Zip  
34237

Country  
SARASOTA

Zip  
34237

Country  
SARASOTA

4. FEI Number  
20-13600704

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, RUSSELL E  
715 N. LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
NAME BARNES, RUSSELL E  
STREET ADDRESS 715 N. LOCKWOOD RIDGE ROAD  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 734 COLT LANE  
SARASOTA, FL 34237

TITLE CEO  Delete  
NAME BARNES, AMBER L  
STREET ADDRESS 715 N. LOCKWOOD RIDGE ROAD  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 734 COLT LANE  
SARASOTA, FL 34237

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Russell E. Barnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941.308.2872  
Daytime Phone #