

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

04-10-2007 90018 005 ***150.00

DOCUMENT # P04000138000 1. Entity Name TROPICAL SOURCING, INC.			
Principal Place of Business 409 LYNN AVE. MELBOURNE FL 32935		Mailing Address 409 LYNN AVE. MELBOURNE FL 32935	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 409 Lynn Ave Suite, Apt. #, etc.	
City & State Melbourne FL		City & State FL 32935	
Zip 32935		Country USA	
4. FEI Number 20-1727421		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, SHERON T 409 LYNN AVE. MELBOURNE FL 32935		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 D NAME YOUNG, SHERON T STREET ADDRESS 409 LYNN AVE. CITY- ST- ZIP MELBOURNE FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Sheron Tanner Young</i></u> Sheron Tanner Young 321- 704-0205 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			