2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P04000155744

Entity Name: TROPICAL MOTORCARS OF FT. PIERCE, INC.

Current Principal Place of Business:

3326 ORANGE AVE.
FT. PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

3326 ORANGE AVE.
FT. PIERCE, FL 34947

New Mailing Address:

FEI Number: 20-3276294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, SUSAN
3326 ORANGE AVE
FT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

WILSON, SUSAN J
1305 SW BENT PINE COVE
PORT ST LUCIE, FL 34986 US

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: SUSAN WILSON 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILSON, SUSAN
Address: 3326 ORANGE AVE
City-St-Zip: FT PIERCE, FL 34947

Title: VP ( ) Delete
Name: WILSON, C. W
Address: 3326 ORANGE AVE
City-St-Zip: FT PIERCE, FL 34947

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILSON, SUSAN J
Address: 1305 SW BENT PINE COVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP (X) Change ( ) Addition
Name: WILSON, CARROL F
Address: 1305 SW BENT PINE COVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: SEC ( ) Change (X) Addition
Name: WILSON, CARROL F
Address: 1305 SW BENT PINE COVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: TRES ( ) Change (X) Addition
Name: WILSON, SUSAN J
Address: 1305 SW BENT PINE CVOE
City-St-Zip: PORT ST LUCIE, FL 34986

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: SUSAN WILSON P 04/21/2009
Electronic Signature of Signing Officer or Director Date