

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155744

FILED  
Mar 21, 2012  
Secretary of State

**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 J  
1305 SW BENT PINE COVE  
PORT ST LUCIE, FL 34986 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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: TRES  
Name: WILSON, SUSAN J  
Address: 1305 SW BENT PINE COVE  
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: SUSAN WILSON

P

03/21/2012

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

\_\_\_\_\_  
Date