

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000172298

Entity Name: TROPICAL DEMOLITION INC.

**FILED**  
**Jul 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2760 PINE LILY LANE  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

2760 PINE LILY LANE  
COCOA, FL 32926

**New Mailing Address:**

FEI Number: 20-2081425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUZZO, BARBARA A  
2760 PINE LILY LANE  
COCOA, FL 32926 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: BUZZO, FRANK E SR.  
Address: 2760 PINE LILY LANE  
City-St-Zip: COCOA, FL 32926

Title: V  
Name: BUZZO, BARBARA A  
Address: 2760 PINE LILY LANE  
City-St-Zip: COCOA, FL 32926

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: BARBARA BUZZO

VP

07/25/2011

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

\_\_\_\_\_  
Date