

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000046325

1. Entity Name

TROPICAL SALES GROUP AND MARKETING, INC.



Principal Place of Business

14578 RIVER BEACH
510
PORT CHARLOTTE, FL 33953

Mailing Address

PO BOX 27249
EL JOBEAN, FL 33927

DO NOT WRITE IN THIS SPACE

FILED
Aug 14, 2008 08:00 AM
Secretary of State



08122008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2620188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, MARIE C
1804 FORT HAMER ROAD
PARRISH, FL 34219

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000957690
08/14/08-80002-007 550.00

10. OFFICERS AND DIRECTORS

TITLE	PDTS
NAME	COOK, ALAN R
STREET ADDRESS	PO BOX 27249
CITY-ST-ZIP	EL JOBEAN, FL 33927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/08 941-627-1960
Date Daytime Phone #