

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90151 015 ***150.00

DOCUMENT # P05000066923

1. Entity Name
D & S TROPICAL FOLIAGE, INC.



Principal Place of Business
**5777 BENEVA RD. SOUTH
SARASOTA, FL 34231**

Mailing Address
**5777 BENEVA RD. SOUTH
SARASOTA, FL 34231**

50012212



2. Principal Place of Business

7350 S. Tamiami Tr

Suite, Apt. #, etc.

#225

City & State

Sarasota, FL

Zip

34231

Country

3. Mailing Address

7350 S. Tamiami Tr

Suite, Apt. #, etc.

#225

City & State

Sarasota, FL

Zip

34231

Country

04112006

Chg-P

CR2E034 (11/05)

4. FEI Number

202782497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GROY, STEVEN
5777 BENEVA RD. SOUTH
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name
Daniel L Prewett

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

[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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**367'
RYALS, DONALD W
7350 S. TAMiami TRAIL, #225
SARASOTA, FL 34231**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Steven Croy Director
7350 S. Tamiami Tr #225
Sarasota, FL 34231**

☐ Change

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06
Date

Daytime Phone #