

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101097

Entity Name: TROPIC DEVELOPERS, INC.

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

1830 SE 6TH AVE.
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1830 SE 6TH AVE.
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
1008 N.E. 7TH TERR.
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

SWAN, LAWRENCE
709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914 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:

02/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMONETTI, LOUIS
Address: 1830 SE 6TH AVE.
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: SIMONETTI, JUDITH
Address: 1830 SE 6TH AVE.
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: DUNN, SUSAN M
Address: 1501 ARGYLE DR.
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: DUNN, BRIAN T
Address: 1501 ARGYLE DR.
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LOUIS SIMONETTI

PRES

02/12/2008

Electronic Signature of Signing Officer or Director

Date