

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159669

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL TRADESMAN GENERAL CONTRACTING, INC.

**Current Principal Place of Business:**

16340 ARBOR RIDGE DR  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

542 NORTH YACHTSMAN DR  
SANIBEL, FL 33957 US

**Current Mailing Address:**

P.O. BOX 781  
SANIBEL, FL 33957 US

**New Mailing Address:**

**FEI Number:** 20-3895645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SULLIVAN, EAMON K  
16340 ARBOR RIDGE DR  
FORT MYERS, FL 33908 US

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

SULLIVAN, EAMON K  
542 NORTH YACHTSMAN DR  
SANIBEL, FL 33957 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: EAMON SULLIVAN

04/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SULLIVAN, EAMON  
Address: 542 NORTH YACHTSMAN DR  
City-St-Zip: SANIBEL, FL 33957 US

Title: VS  
Name: SULLIVAN, MELISSA  
Address: 542 NORTH YACHTSMAN DR  
City-St-Zip: SANIBEL, FL 33957 US

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: EAMON SULLIVAN

P

04/18/2012

Electronic Signature of Signing Officer or Director

Date