

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163788

FILED  
May 01, 2008  
Secretary of State

Entity Name: TROPICSHIELD MANUFACTURING, INC.

## Current Principal Place of Business:

3287 SW 42ND AVE.  
PALM CITY, FL 34990

## New Principal Place of Business:

3090 SW 42ND AVE.  
PALM CITY, FL 34990

## Current Mailing Address:

3287 SW 42ND AVE.  
PALM CITY, FL 34990

## New Mailing Address:

3090 SW 42ND AVE.  
PALM CITY, FL 34990

FEI Number: 20-4016624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUTZ, MELISSA S PRES.  
5002 SW RANCHITO STREET  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

KUTZ, MELISSA S PRES.  
3090 SW 42ND AVE  
PALM CITY, FL 34990 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:

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KUTZ, MELISSA S PRES  
Address: 5002 SW RANCHITO STREET  
City-St-Zip: PALM CITY, FL 34990

Title: VP ( ) Delete  
Name: NORCIA, SHEILA J VP  
Address: 1603 SW MONARCH CLUB DR.  
City-St-Zip: PLAM CITY, FL 34990

Title: ST ( ) Delete  
Name: LOSI, GUGLIELMO ST  
Address: 2927 SW BRIGHTON WAY  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KUTZ, MELISSA S PRES  
Address: 3090 SW 42ND AVE  
City-St-Zip: PALM CITY, FL 34990

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: MELISSA S. KUTZ

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date