

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

08-28-2007 90023 049 \*\*\*150.00

**DOCUMENT # P06000035978**

1. Entity Name  
**TROPICAL HOMES FOR YOU, INC.**



Principal Place of Business  
**17859 THELMA AVENUE  
JUPITER, FL 33458**

Mailing Address  
**P.O. BOX 18253  
WEST PALM BEACH, FL 33416-8253**

40150000



2. Principal Place of Business - No P.O. Box #

**17839 THELMA AVE**

Suite, Apt. #, etc.

3. Mailing Address

**17839 THELMA AVE**

Suite, Apt. #, etc.

07052007 Chg-P CR2E034 (12/06)

City & State

**JUPITER, FL**

City & State

**JUPITER, FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
**33458-7914**

Country  
**USA**

Zip  
**33458-7914**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DOT-TO-DOT SERVICES, INC.  
353 OSBORNE DRIVE  
PALM SPRINGS, FL 33461**

7. Name and Address of New Registered Agent

Name

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, 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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MERRITT, ROBERT V  
P.O. BOX 18253  
WEST PALM BEACH, FL 334168253** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MERRITT, ROBERT V  
P.O. BOX 18253  
WEST PALM BEACH, FL 334168253** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MERRITT, ROBERT V  
17839 THELMA AVE  
JUPITER, FL 33458** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MERRITT, ROBERT V  
17839 THELMA AVE  
JUPITER, FL 33458** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/07

Date

954-592-2889

Daytime Phone #