

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041136

FILED
May 04, 2012
Secretary of State

Entity Name: TROPICAL FLATBED INC

Current Principal Place of Business:

3411 13TH ST W
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

16880 GATOR RD
214
FORT MYERS, FL 33912 US

Current Mailing Address:

PO BOX 565
LEHIGH ACRES, FL 33970 US

New Mailing Address:

FEI Number: 20-4495689 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOREJON, JUAN C
3416 19TH ST W
LEHIGH ACRES, FL 33970 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MOREJON, JUAN C
Address: PO BOX 565
City-St-Zip: LEHIGH ACRES, FL 33970 US

Title: VP
Name: HONDARES, ROSMARI
Address: PO BOX 565
City-St-Zip: LEHIGH ACRES, FL 33970 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: JUAN C MOREJON

P

05/04/2012

Electronic Signature of Signing Officer or Director

Date