

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032795

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** TROPICAL RESIDENTIAL SERVICES, INC.

**Current Principal Place of Business:**

1910 SE 15TH TERRACE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1910 SE 15TH TERRACE  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 20-8620721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELDON, RICHARD L II  
5100 TAMIAMI TRAIL NORTH  
SUITE 138  
NAPLES, FL 34103 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P/T  
**Name:** RYFA, CASIMIR V  
**Address:** 1910 15TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** VP/S  
**Name:** MONTANA, ROSS C  
**Address:** 1917 SE 16TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33990

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: CASIMIR VICTOR RYFA

P/T

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date