

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000048444

Entity Name: TROPICSOURCE, INC.

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

43151 FARABEE ROAD  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 278950  
MIRAMAR, FL 33027

**New Mailing Address:**

FEI Number: 20-8912394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERNARD, KEITH C  
4081 SW 141 AVENUE  
MIRAMAR, FL 33027 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: DP  
Name: BERNARD, BARBARA  
Address: 4081 SW 141 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: DVPS  
Name: BERNARD, KEITH  
Address: 4081 SW 141 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: T  
Name: BERNARD, KEITH C  
Address: 4081 SW 141 AVE  
City-St-Zip: MIRAMAR, FL 33027

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: KEITH BERNARD

DVPS

02/23/2012

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

\_\_\_\_\_  
Date