

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000063755

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL HIDE OUT, INC.

**Current Principal Place of Business:**

1102 BEACON STREET NW  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

1102 BEACON STREET NW  
PALM BAY, FL 32907

**New Mailing Address:**

1102 BEACON STREET NW  
PALM BAY, FL 32907

**FEI Number:** 26-0322368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TROTMAN, LORNA P  
1102 BEACON STREET NW  
PALM BAY, FL 32907 US

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

LINVAL, GEORGE  
1102 BEACON STREET NW  
PALM BAY, FL 32907 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: LINVAL GEORGE

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: LINVAL, LINVAL  
Address: 1102 BEACON ST NW  
City-St-Zip: PALM BAY, FL 32907

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: LINVAL GEORGE

PST

05/01/2012

Electronic Signature of Signing Officer or Director

Date