2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2008 8:00 am Secretary of State

					-	Secretary of State			
DOCUMENT # P07000110383 1. Entity Name A TROPICAL FLAIR, INC.							3 90062 034 ***150.		
Principal Plac	e of Business	Mailing Address	Mailing Address		30	-			
3815 RIX ROAD		3815 RIX ROAD		1 '					
LADY LAKE, I	FL 32159	LADY LAKE, FL 32159	LADY LAKE, FL 32159						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				88121 11081 11811 BOIDD 11181 19122 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07022008	Chg-P	CR2E034 (12/06)			
City & State		City & State		4. FEI Numb	er D660	S 9 A	oplied For of Applicable		
Zip	Country	Zip	Countr	у		of Status Desired	¢0.75 A.	ditional	
6∴ Name and Address of Current		Registered Agent			7. Name and	Address of Nev	Registered Agent		
				Name					
SMITH, KATHLEEN				Street Address (P.O. Box Number is Not Acceptable)					
3815 RIX ROAD LADY LAKE, FL 32159			-	direct Address (1.0. Box Adminer 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 regisfered agent.									
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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 12, 2008 9. Election Campaign Financia Trust Fund Contribution.					55.00 May Be added to Fees	In accordance corporation d	e with s. 607.193(2)(b), id not receive the prior	F.S., the notice.	
10. OFFICERS AND DIRECTORS 11.			11.		ADDITIONS	CHANGES TO O	FFICERS AND DIRECTOR	S IN 11	
TITLE	P,S	☐ Delete Tiff					☐ Change	☐ Addition	
NAME STREET ADDRESS	•		NAME	T ADVIDEDE					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE			TITLE				☐ Change	☐ Addition	
NAME	NAF		NAME						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS					
TITLE			CITY-S	31-217			Change	- Addition	
NAME			NAME				☐ Change	☐ Addition	
STREET ADDRESS	s		STREET	T ADDRESS					
CITY-ST-ZIP	CIT		CITY-S	ST-ZIP					
TITLE			TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME	T ADDRESS					
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NAME		m neisis	NAME				∟ı cııange	Audition	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP) A - 198	CITY-S	1					
12. I nereby o	certify that the information supplied with on this report or supplemental report is	n this tiling does not qualify for	the exen	nptions contain	ned in Chapter 119	9, Florida Statutes	 I turther certify that the is to certify that I am an office. 	ntormation	

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

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