

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000072362

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** TROPIX RESTAURANT INCORPORATED

**Current Principal Place of Business:**

327 PINE STREET  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

2761 ARAGON TERRACE  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**FEI Number:** 27-1087475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SIMMONDS, OPAL M MRS.  
2761 ARAGON TERRACE  
LAKE MARY, FL 32746 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  
**Name:** SIMMONDS, OPAL M MRS.  
**Address:** 2761 ARAGON TERRACE  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** VP  
**Name:** SIMMONDS, HERON E SR.  
**Address:** 2761 ARAGON TERRACE  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** TREA  
**Name:** SIMMONDS, OPAL M MRS.  
**Address:** 2761 ARAGON TERRACE  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** SEC.  
**Name:** SIMMONDS, DANIELLE C MS.  
**Address:** 2761 ARAGON TERRACE  
**City-St-Zip:** LAKE MARY, FL 32746 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:** HEASTONSIMMONDS

VP

04/30/2010

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

\_\_\_\_\_  
Date