

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005649

FILED  
Mar 24, 2004  
Secretary of State

**Entity Name:** TROPIC VENTURES CONSULTANTS INC.

**Current Principal Place of Business:**

15920 COUNTRY COURT  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

15920 COUNTRY COURT  
FORT MYERS, FL 33912 US

**New Mailing Address:**

**FEI Number:** 65-0538142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CEPPALUNI, TONY V  
15920 COUNTRY COURT  
FORT MYERS, FL 33919

**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 ( ) Delete  
**Name:** CEPPALUNI, TONY V  
**Address:** 15920 COUNTRY COURT  
**City-St-Zip:** FORT MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** CEPPALUNI, TONY V  
**Address:** 15920 COUNTRY COURT  
**City-St-Zip:** FORT MYERS, FL 33912 23

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** TONY V CEPPALUNI

P

03/24/2004

Electronic Signature of Signing Officer or Director

Date