


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90003 036 ***550.00

DOCUMENT # P93000014521	
1. Entity Name TROPIC BUILDERS, INC.	

Principal Place of Business 218 WHITEHEAD ST KEY WEST, FL 33040 US	Mailing Address 218 WHITEHEAD ST SUITE 311 KEY WEST, FL 33040 US
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07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0369926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARKUS, DONALD
218 WHITEHEAD ST
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- MAKRUS, DONALD 20202 BOCA WEST DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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, without other like empowered.

SIGNATURE: Donald Markus **DONALD MARKUS** 7-7-04 561-271-8723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #