## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P93000058319

1. Entity Name
TROPIC INSTALLATIONS, INC.



FILED
Jul 23, 2004 08:00 AM
Secretary of State

Principal Place of Business

12313 TANGERINE BLVD. WEST PALM BEACH, FL 33412 US

Mailing Address

12313 TANGERINE BLVD.

WEST PALM BEACH, FL 33412 US

**33** 

No Chg-P

CR25034 (10/03)

4. FEI Number 65-0435071

07212004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

STRYKER, CLIFFORD 12313 TANGERINE BLVD. WEST PALM BEACH, FL 33412

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	named entity submits this statement for the ions of registered agent	purpose of changing its registered	d office or r	egistered agent, or bo	its, in the State of Florida. I am familiar with, and accept
SIGNATURE Signalum, types or printed reare of registered agent and title if exp. ficable (NOTE Registered Agent signalum recurre				("grišetaries nachy desudes	DATE
FILE NOWIII FEE IS \$150.00 9. Election Campaign Final Due by September 8, 2004 Trust Fund Contribution			ing 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the unior notice.
18.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZB	D STRYKER, CLIFFORD 12313 TANGERINE BLVD. WEST PALM BEACH, FL 33412				10000P#C005#
TITLE NAME STREET ADDRESS CITY-ST-ZEP					11000001168054 07/23/04-80007-023 150.00
TITLE NAME STREET AUDRESS ONY-ST-ZIP				D0	NOT WRITE
TITLE HAME STREET ADDRESS CRY-ST-DH				IN '	THIS SPACE
TITLE NAME STREET AUDRESS ORY-ST-ZIP					
TITLE MAME STREET ADURESS OTTY-ST-ZIP					
12. Thereby 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 affect 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: Clifford Stayton CCIFFORD STRYKAR 7-21-04 -561-841-5556