


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000001913 1. Entity Name TROPICAL TEEZ, INC.	
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Principal Place of Business 3741 DAIRY ROAD TITUSVILLE, FL 32796	Mailing Address P.O. BOX 788 TITUSVILLE, FL 32781
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DO NOT WRITE IN THIS SPACE



01232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3298686	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

**MATRAZZO, MARK
3741 DAIRY ROAD
TITUSVILLE, FL 32796**

**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 \$150.00 After May 1, 2005 Fee will be \$350.00	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	PD MATRAZZO, MARK 3741 DAIRY ROAD TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATRAZZO, DAN 3741 DAIRY ROAD TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATRAZZO, MARLO 3741 DAIRY ROAD TITUSVILLE, FL 32796
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IN THIS SPACE**

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03/23/05-80005-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marlo Matrazzo **MARLO MATRAZZO** SEC. 3-21-05 (321) 267-6804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #