


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000001913</b>	
1. Entity Name <b>TROPICAL TEEZ, INC.</b>	

Principal Place of Business <b>3741 DAIRY ROAD TITUSVILLE, FL 32796</b>	Mailing Address <b>P.O. BOX 788 TITUSVILLE, FL 32781</b>
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01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3298686</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MATRAZZO, MARK 3741 DAIRY ROAD TITUSVILLE, FL 32796</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000400731  
02/02/08-80016-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DAN MATRAZZO 1-23-06 H 321-267-4771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #