

APR-26-2007 10:34

TYMAN CARUSO GROSS & ASSO

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90476 006 ***150.00

DOCUMENT # P950000238521. Entity Name
TROPICAL COOLING, INC.Principal Place of Business
**400 JFK MUNICIPAL BLVD.
WEST PALM BEACH, FL 33415**Mailing Address
**400 JFK MUNICIPAL BLVD.
WEST PALM BEACH, FL 33415****60045571**

04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0567004Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****WEBSTER, SCOTT
400 JFK MUNICIPAL BLVD.
WEST PALM BEACH, FL 33415****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 state if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**P
WEBSTER, SCOTT
400 JFK MUNICIPAL BLVD.
WEST PALM BEACH, FL 33415**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee

4/26/07 561-242-8886