



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000038429 1. Entity Name TROPIC LAND MANAGEMENT, INC.	
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Principal Place of Business 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444	Mailing Address 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE

	
01292008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0593711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REAMER, JOSEPH 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444

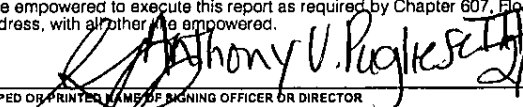
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	PS PUGLIESE, ANTHONY V III 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444
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<p>U00000850347 03/24/08-80002-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 fee empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/11/08</u> Daytime Phone # <u>561-454-1664</u>