

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 13, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P95000071186**

**1. Entity Name**  
TOM'S TROPIC AIR, INC.



**Principal Place of Business**  
602 COMMERCIAL DRIVE  
HOLLY HILL, FL 32117 US

**Mailing Address**  
P.O. BOX 634  
ORMOND BEACH, FL 32175 US



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3335028

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MOSE, JAMES  
565 CHERYL DRIVE  
JACKSONVILLE, FL 32259

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	MOSE, THOMAS A
<b>STREET ADDRESS</b>	815 ALCAZAR AVE.
<b>CITY-ST-ZIP</b>	ORMOND BEACH, FL 32174
<b>TITLE</b>	VD
<b>NAME</b>	MOSE, KATHLEEN P.
<b>STREET ADDRESS</b>	815 ALCAZAR AVE.
<b>CITY-ST-ZIP</b>	ORMOND BEACH, FL 32174
<b>TITLE</b>	TD
<b>NAME</b>	MOSE, VERNON
<b>STREET ADDRESS</b>	2067 MIKE STREET
<b>CITY-ST-ZIP</b>	SOUTH DAYTONA, FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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01/13/05-80011-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby 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 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:**

*Kathleen P. Mose*

KATHLEEN P. MOSE

1-11-05

V. PRES 386-673-4751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #