

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033764

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: TWOCAN TROPICAL HOMES, INC.

## Current Principal Place of Business:

91700 OVERSEAS HWY  
TAVERNIER, FL 33070 US

## New Principal Place of Business:

91700 OVERSEAS HWY  
TAVERNIER, FL 33070 US

## Current Mailing Address:

91700 OVERSEAS HWY  
TAVERNIER, FL 33070 US

## New Mailing Address:

91700 OVERSEAS HWY  
TAVERNIER, FL 33070 US

FEI Number: 65-0750941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIXON, JOHN  
31 BAY DRIVE  
KEY LARGO, FL 33037 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: DIXON, JOHN  
Address: 31 BAY DRIVE  
City-St-Zip: KEY LARGO, FL 33037

Title: DVS ( ) Delete  
Name: RASKOB, PETER  
Address: 1029 VALENCIA RD.  
City-St-Zip: KEY LARGO, FL 33037 US

Title: D ( ) Delete  
Name: ALDERMAN, RYAN  
Address: 3460 SW 16TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DIXON

DPT

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date