

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077032

FILED
Mar 12, 2012
Secretary of State

Entity Name: TROPICAL ISLAND DISTRIBUTION INC.

Current Principal Place of Business:

393 SUMMERS CREEK DRIVE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

5543 PINE STREET
MOUNT DORA, FL 32757

Current Mailing Address:

P O BOX 542734
MERRITT ISLAND, FL 329542734

New Mailing Address:

FEI Number: 59-3398906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, KARLA
393 SUMMERS CREEK DRIVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

CRAWFORD, KARLA
5543 PINE STREET
MOUNT DORA, FL 32757 US

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

03/12/2012

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CRAWFORD, KARLA
Address: PO BOX 512
City-St-Zip: TANGERINE, FL 32777

I hereby 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 all other like empowered.

SIGNATURE: KARLA R CRAWFORD

PRES

03/12/2012

Electronic Signature of Signing Officer or Director

Date