
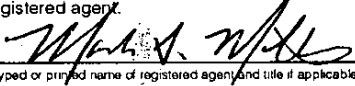



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90063 040 ***158.75

DOCUMENT # P97000021098			
1. Entity Name TROPICAL BUILDERS, INC.			
Principal Place of Business 1536 S. MCCALL ROAD ENGLEWOOD FL 34223 US		Mailing Address 1536 S. MCCALL ROAD ENGLEWOOD FL 34223	
2. Principal Place of Business 20885 HUFFMASTER RD.		3. Mailing Address 20885 HUFFMASTER RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N. Fort Myers, FL.		City & State N. Ft. Myers, FL.	
Zip 33917	Country USA	Zip 33917	Country USA
6. Name and Address of Current Registered Agent DICARLO, RALPH 154 1ST STREET PO BOX 1947 BOCA GRANDE FL 33921		7. Name and Address of New Registered Agent Name Mark S. Mills Street Address (P.O. Box Number is Not Acceptable) 20885 HUFFMASTER RD. City N. Fort Myers FL Zip Code 33917	
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  DATE 1/31/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLACHER, JOSEPH J 360 PALM GROVE AVENUE ENGLEWOOD FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark S. Mills 20885 Huffmaster Rd. N. Ft. Myers, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DICARLO, RALPH POST OFFICE BOX 1947 BOCA GRANDE FL 33921 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		MARK S. MILLS 1/31/05 (941)628-5846	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40010040



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0759125 Applied For Not Applicable

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