2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90152 024 ***150.00

DOCUMENT # P97000041722
Entity Name
TROPICAL RAINFLORIST, INC.

~~Principal Place of Business~~
~~12404 SHELBY DRIVE~~
~~RIVERVIEW FL 33569~~

~~Mailing Address~~
~~P.O. BOX 1111~~
~~RIVERVIEW FL 33569~~

Principal Place of Business
8221 Hwy 674
Suite, Apt. #, etc.

Mailing Address
PO Box 8
Suite, Apt. #, etc.

City & State: Wimauma FL
Zip: 33598 Country: USA

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Zip: 33598 Country: USA

1st MOORE CR2E084 (10/04)

4. FEI Number: 59-3445969
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, CAROLYN J
12404 SHELBY DRIVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name: Wilson Carolyn J
Street Address (P.O. Box Number is Not Acceptable): 8221 Hwy 674
City: Wimauma FL Zip Code: 33598

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: Carolyn J Wilson Carolyn J Wilson Pres 4/12/05

FILE MONTH FEE IS $150.00
Filed May 1, 2005 Fee Will Be $150.00
Make Check Payable to Florida Department of State

8. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

9. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WILSON, CAROLYN J
STREET ADDRESS	12404 SHELBY DRIVE
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	
NAME	Pidgeon, ANNE L
STREET ADDRESS	8221 Hwy 674
CITY-ST-ZIP	Wimauma, FL 33598

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	[redacted] (P-D)
NAME	Wilson, Carolyn J
STREET ADDRESS	8221 Hwy 674
CITY-ST-ZIP	Wimauma, FL 33598
TITLE	(STD)
NAME	Pidgeon, ANNE L
STREET ADDRESS	8221 Hwy 674
CITY-ST-ZIP	Wimauma, FL 33598

11. 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: Carolyn J Wilson Carolyn J Wilson 4/12/05 813 633 2545
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — Date — Daytime Phone #