## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000063135

Entity Name: TROPICAL JONES, INC.

FILED May 01, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

10544 PLAINVIEW CIR 1110 SE 11 STREET

BOCA RATON, FL 33498 FORT LAUDERDALE, FL 33316

**Current Mailing Address: New Mailing Address:** 

10544 PLAINVIEW CIR 1110 SE 11 STREET

BOCA RATON, FL 33498 FORT LAUDERDALE, FL 33316

FEI Number: 65-0767271 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

JONES, TIMOTHY JONES, TIMOTHY 10544 PLAINVIEW CIR 1110 SÉ 11 STREET

BOCA RATON, FL 33498 US 1110 SE 11 STREET, FL 33316 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: 05/01/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

JONES, TIMOTHY JONES, TIMOTHY Name: Name: 10544 PLAINVIEW CIR 1110 SE 11 STREET Address: Address:

City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: FORT LAUDERDALE, FL 33316

Title: Title: (X) Change ( ) Addition () Delete

JONES, VICTORIA Name: Name: JONES, VICTORIA 10544 PLAINVIEW CIR Address: 1110 SE 11 STREET Address:

FORT LAUDERDALE, FL 33316 BOCA RATON, FL 33498 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY K. JONES OWN 05/01/2005