

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000100934

Entity Name: C & S TROPICAL, INC.

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2803 21ST AVE SE  
RUSKIN, FL 33570

**New Principal Place of Business:**

**Current Mailing Address:**

5139 BONITA DRIVE  
WIMAUMA, FL 33598

**New Mailing Address:**

FEI Number: 65-0795961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEBRANK, DONNA  
5139 BONITA DRIVE  
WIMAUMA, FL 33598 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HEBRANK, DONNA  
Address: 5139 BONITA DRIVE  
City-St-Zip: WIMAUMA, FL 33598

Title: VP  
Name: HEBRANK, STEVE  
Address: 5139 BONITA DRIVE  
City-St-Zip: WIMAUMA, FL 33598

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: DONNA HEBRANK

P

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date