

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064940

FILED  
Feb 17, 2006  
Secretary of State

Entity Name: TROPIC DECOR, INC.

**Current Principal Place of Business:**

3076 SOUTHFORK ROAD  
PLYMOUTH, FL 32768

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 902  
PLYMOUTH, FL 32768 US

**New Mailing Address:**

FEI Number: 59-3537166      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KOTEEN, MARK A  
3100 CLAY AVENUE SUITE 177  
ORLANDO, FL 32804 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WILSON, EARL D JR.  
Address: 3076 SOUTHFORK ROAD  
City-St-Zip: PLYMOUTH, FL 32768

Title: DV ( ) Delete  
Name: WILSON, EARL D SR.  
Address: 2410 WHITEHALL CIRCLE  
City-St-Zip: WINTER PARK, FL 32792

Title: DTS ( ) Delete  
Name: WILSON, ADELAIDA D  
Address: 3076 SOUTHFORK ROAD  
City-St-Zip: PLYMOUTH, FL 32768

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EARL WILSON

DP

02/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date