

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000064940

**FILED**  
**Feb 07, 2012**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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

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: ADELAIDA D. WILSON

DTS

02/07/2012

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

\_\_\_\_\_  
Date