

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000057984 1. Entity Name TROPIC STAR LANDSCAPING, INC.					
Principal Place of Business 4551 NE 15TH ST FORT LAUDERDALE FL 33309			Mailing Address 4551 NE 15TH ST FORT LAUDERDALE FL 33309		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0941265	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARCHAND, NICHOLAS 4551 NE 15TH ST FORT LAUDERDALE FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 <i>Nicholas Marchand</i> Signature typed or printed name of registered agent and title if applicable		<i>Nicholas Marchand</i> (NOTE: Registered Agent signature required when reconstituting) President		<i>January 31, '06</i> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTP MARCHAND, NICHOLAS 4551 NE 15TH ST FORT LAUDERDALE FL 33309	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000419930 02/15/06-80028-002 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Nicholas Marchand</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>Nicholas Marchand</i> President <i>January 31, '06</i> 050772			