2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000059031

1. Entity Name
TROPICALS 2000, INC

Principal Place of Business	Mailing Address
6329 PARK LANE EAST LAKE WORTH, FL 33467	6329 PARK LANE EAST LAKE WORTH, FL 33467

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0957884

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEAVENY, JOHN
6329 PARK LN. E.
LAKE WORTH, FL 33467

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000342262
04/29/05-80048-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KEAVENY, BEA
STREET ADDRESS	6329 PARK LN E.
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	V
NAME	KEAVENY, JOHN
STREET ADDRESS	6329 PARK LN E.
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	S
NAME	VOS, DAVID
STREET ADDRESS	6329 PARK LN E.
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: John V Keaveny Apr 25/05 561 439 6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #