

**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 6329 PARK LANE EAST LAKE WORTH, FL 33467	Mailing Address 6329 PARK LANE EAST LAKE WORTH, FL 33467
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04222005 No Chg-P CR2E034 (10/03)	
4. FBI Number 65-0957884	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KEAVENY, JOHN 6329 PARK LN. E. LAKE WORTH, FL 33467	
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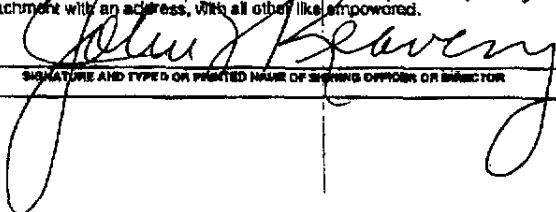
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when releasing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000342262 04/29/05-80048-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEAVENY, BEA 6329 PARK LN E. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEAVENY, JOHN 6329 PARK LN E. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOS, DAVID 6329 PARK LN E. 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 118.07(3)(b), 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 recorder or trustee empowered to execute this report as required by Chapter 807, 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:  **Apr 25/05** **861 439 6191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #