2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059031

Entity Name: TROPICALS 2000, INC

Address:

City-St-Zip:

6329 PARK LN E.

LAKE WORTH, FL 33467

FILED Mar 24, 2009 Secretary of State

Entity Nar	Ne: TROPICALS 2	:000, INC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6329 PARK LANE EAST LAKE WORTH, FL 33467				6329 PARK LANE EAST LAKE WORTH, FL 33449	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	K LANE EAST RTH, FL 33467		6329 PARK LANE EA LAKE WORTH, FL 3		
FEI Number:	65-0957884 FE	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
KEAVENY, JOHN 6329 PARK LN. E. LAKE WORTH, FL 33467 US			KEAVENY, JOHN 6329 PARK LN. E. LAKE WORTH, FL 3		
	named entity subm e of Florida.	its this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				03/24/2009	
	Electronic Sig	gnature of Registered Ager	nt	Date	
Election Car	npaign Financing Trus	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delet KEAVENY, BEA 6329 PARK LN E. LAKE WORTH, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delet KEAVENY, JOHN 6329 PARK LN E. LAKE WORTH, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () Delet	е	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: DAVID VOS SEC 03/24/2009