


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000074694</b> 1. Entity Name REEF TROPICAL CONSTRUCTION, INC.	
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Principal Place of Business 1A BARRACUDA LANE KEY LARGO, FL 33037	Mailing Address 1A BARRACUDA LANE KEY LARGO, FL 33037
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02222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0970471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KERSHNER III, CLAUDE B 1A BARRACUDA LANE KEY LARGO, FL 33037	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000655376  
03/13/07-80104-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERSHNER, CLAUDE III 6 BARRACUDA LANE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POST, RUSSELL 6 BARRACUDA LANE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KERSHNER, CLAUDE III 6 BARRACUDA LANE KEY LARGO, FL 33037
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Claude B. Kershner III 2/27/07 305 367 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #