

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104101

FILED
Apr 04, 2005
Secretary of State

Entity Name: TROPICAL SUPPLY, INC.

Current Principal Place of Business:

1161 NW 95TH AVE
PLANTATION, FL 33322 US

New Principal Place of Business:

10399 CYPRESS LAKE PRESERVE DRIVE
LAKE WORTH, FL 33467 US

Current Mailing Address:

PO BOX 16584
PLANTATION, FL 33318 US

New Mailing Address:

10399 CYPRESS LAKE PRESERVE DRIVE
LAKE WORTH, FL 33467 US

FEI Number: 65-0974724 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEON, JANET
1161 NW 95TH AVE
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

LEON, JANET
10399 CYPRESS LAKE PRESERVE DRIVE
LAKE WORTH, FL 33467 US

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.

SIGNATURE: _____ Date: 04/04/2005
Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEON, JANET
Address: 1161 NW 95TH AVE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEON, JANET
Address: 10399 CYPRESS LAKE PRESERVE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

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

SIGNATURE: JANET LEON PD 04/04/2005
Electronic Signature of Signing Officer or Director Date