2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # V19694 1. Entity Name TROPICAL COMPUTER CONSULTANTS, INC. Principal Place of Business Mailing Address 6025 SE CIRCLE ST HOBE SOUND FL 33455 6025 SE CIRCLE ST HOBE SOUND FL 33455 2. Principal Place of Business 3. Mading Address Suite. Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0318811 Not Applicat Ζiρ Country Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELKINS, JAMES M. Street Address (P.O. Box Number is Not Acceptable) 6025 SE CIRCLE STREET 6025 S.E. CIRCLE ST. HOBE SOUND FL 33455 City Zio Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent argnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 8. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete HILE ☐ Change Addillon 🗔 NAME ELKINS, JAMES M MANE STREET ABORESS 6025 SE CIRCLE ST. STREET ADDRESS 912<u>-04/17/06-80</u>025-CITY-SI-ZP HOBE SOUND FL CITY-ST-ZIP 150.00 TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET AODRESS CHY-ST-279 DITY-57-78 mu Defete SIME ☐ Change ☐ Addition NAME. MAME STRUCT ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Defete DILE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MUE Detete TALLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CSSY-ST-70P CHY-ST-ZIP

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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 it made under path; 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.

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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