

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K43239

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: TROPICAL PEST SERVICE CORPORATION

## Current Principal Place of Business:

% PATRICIA K JENNINGS  
2141 DOBBS ROAD, #B  
ST. AUGUSTINE, FL 32086 US

## New Principal Place of Business:

## Current Mailing Address:

% PATRICIA K JENNINGS  
2141 DOBBS ROAD, #B  
ST. AUGUSTINE, FL 32086 US

## New Mailing Address:

% PATRICIA K JENNINGS  
P O BOX 129  
ELKTON, FL 32033 US

FEI Number: 59-2918475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATRICIA K. JENNINGS  
2141B DOBBS RD  
ST. AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: JENNINGS, PATRICIA K  
Address: 2141-B DOBBS ROAD  
City-St-Zip: ST AUGUSTINE, FL

Title: VP ( ) Delete  
Name: SMITH, JEFFREY E  
Address: 2141B DOBBS RD.  
City-St-Zip: ST. AUGUSTINE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SMITH, JEFFREY E  
Address: 2141B DOBBS ROAD  
City-St-Zip: ST AUGUSTINE, FL 32086 US

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.

SIGNATURE: PATRICIA K. JENNINGS

PST

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date