2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P00000023014

Entity Name: TROPICARE TERMITE AND PEST CONTROL, INC.

Current Principal Place of Business:

7905 LAND O'' LAKES BLVD
LAND O LAKES, FL 34639

New Principal Place of Business:

7905 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639

Current Mailing Address:

7905 LAND O''LAKES BLVD
LAND O''LAKES, FL 34639

New Mailing Address:

7905 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639

FEI Number: 59-3628244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAGNON, MARTIN R
7905 LAND O'' LAKES BLVD
LAND O LAKES, FL 34639

Name and Address of New Registered Agent:

GAGNON, MARTIN R
7905 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639

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: _____ 04/28/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GAGNON, M.R.
Address: 2419 CHOBEE COURT
City-St-Zip: LAND O LAKES, FL 34639

Title: VPD ( ) Delete
Name: HUGHES, TIMOTHY W
Address: 3197 SANIBEL AVENUE
City-St-Zip: SPRING HILL, FL 34607

Title: D ( ) Delete
Name: MORRIS, B. ALLEN
Address: 6915 RICHARD AVENUE
City-St-Zip: SPRING HILL, FL 34607

Title: S (X) Delete
Name: DAY, SUSAN E
Address: 1417 LAREDO AVE
City-St-Zip: SPRING HILL, FL 34608

Title: T (X) Delete
Name: GAGNON, GINA M
Address: 2419 CHOBEE CT
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GAGNON, MARTIN R
Address: 2419 CHOBEE COURT
City-St-Zip: LAND O' LAKES, FL 34639

Title: VPD (X) Change ( ) Addition
Name: JONES, WILLIAM F III
Address: 4716 GAZANIA ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: STAD (X) Change ( ) Addition
Name: GAGNON, GINA M
Address: 2419 CHOBEE COURT
City-St-Zip: LAND O' LAKES, FL 34639

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

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

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: GINA M GAGNON STAD 04/28/2004
Electronic Signature of Signing Officer or Director — Date