2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
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 34638

New Principal Place of Business:

Current Mailing Address:

7905 LAND O' LAKES BLVD
LAND O' LAKES, FL 34638

New Mailing Address:

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 34638 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: PD ( ) Delete
Name: GAGNON, MARTIN R
Address: 28450 SAINT JOE RD
City-St-Zip: DADE CITY, FL 33525

Title: VPD ( ) Delete
Name: JONES, WILLIAM F III
Address: 4638 GAZANIA ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: STAD ( ) Delete
Name: GAGNON, GINA M
Address: 28450 SAINT JOE RD
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: JONES, WILLIAM F III
Address: 12100 LACEY DR
City-St-Zip: NEW PORT RICHEY, FL 34654

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

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: GINA M GAGNON STAD 04/29/2009

Electronic Signature of Signing Officer or Director — Date