

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000023014

**FILED**  
**May 01, 2010**  
**Secretary of State**

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GAGNON, MARTIN R  
**Address:** 28450 SAINT JOE RD  
**City-St-Zip:** DADE CITY, FL 33525

**Title:** VPD  
**Name:** JONES, WILLIAM F III  
**Address:** 12100 LACEY DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

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

I hereby 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 all other like empowered.

**SIGNATURE:** GINA M GAGNON

STAD

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date