

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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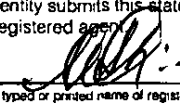
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


03000103



MOORE CR2E034 (11/03)

DOCUMENT # P00000026245			
1. Entity Name TROPICAL SEPTIC TANK CORPORATION			
Principal Place of Business 2317 W. 2ND AVE HIALEAH FL 33010		Mailing Address 2317 W. 2ND AVE HIALEAH FL 33010	
2. Principal Place of Business 2317 W 2 AVE		3. Mailing Address 2317 W 2 AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah		City & State Hialeah	
Zip FL 33010	Country	Zip FL 33010	Country
6. Name and Address of Current Registered Agent DELGADO, AGUSTIN 357 EAST 15TH STREET HIALEAH FL 33010		4. FEI Number 74-2847906 Applied For Not Applied	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent Name Agustin Delgado Street Address (P.O. Box Number is Not Acceptable) 2317 W 2 AVE City Hialeah FL Zip Code 33010	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, AGUSTIN 2317 W. 2ND AVE HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, MARIA G 2317 W. 2ND AVE HIALEAH FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

2-17-04 305-556-64