


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90196 011 \*\*\*150.00

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000029527</b>                                 |  |
| 1. Entity Name<br><b>TROPICARE PEST CONTROL WEST BAY, INC.</b> |                                                                                   |

|                                                                                |                                                                       |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>6965 113TH STREET<br/>SEMINOLE, FL 33772</b> | Mailing Address<br><b>10501 HEARTH ROAD<br/>SPRING HILL, FL 34608</b> |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                                       |                                                                       |
|-------------------------------------------------------|-----------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>4090 SW 46TH LANE</b><br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-----------------------------------------------------------------------|

|              |                                     |
|--------------|-------------------------------------|
| City & State | City & State<br><b>BUSHNELL, FL</b> |
|--------------|-------------------------------------|

|     |         |                     |         |
|-----|---------|---------------------|---------|
| Zip | Country | Zip<br><b>33513</b> | Country |
|-----|---------|---------------------|---------|

04282004 Chg-P CR2E034 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>32-0008517</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>KLIMIS, GEORGE N<br/>27 EAST ORANGE STREET<br/>TARPON SPRINGS, FL 34689</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name                                               |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City                                               | FL Zip Code |

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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HUGHES, TIMOTHY W<br>3197 SANIBEL AVENUE<br>SPRING HILL, FL 34607 <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>COLLINS, BRADLEY S<br>14238 84TH TERRACE NORTH<br>SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DAY, SUSAN E<br>1417 LAREDO AVENUE<br>SPRING HILL, FL 34608 <input type="checkbox"/> Delete                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>COLLINS, KAREN L<br>14238 84TH TERRACE NORTH<br>SEMINOLE, FL 33776 <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                       |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                    |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D/VP<br>HUGHES, TIMOTHY W.<br>4090 SW 46TH LANE<br>BUSHNELL, FL 33513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D/P<br>DAY, DAVID<br>4090 SW 46TH LANE<br>BUSHNELL, FL 33513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D/S/T<br>DAY, SUSAN E.<br>4090 SW 46TH LANE<br>BUSHNELL, FL 33513 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address, with all other like empowered.

|                                                                    |           |                   |      |                 |
|--------------------------------------------------------------------|-----------|-------------------|------|-----------------|
| SIGNATURE: <u>X Susan E Day</u>                                    | SUSAN DAY | X: <u>4/28/14</u> | Date | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |           |                   |      |                 |