2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000075237

Entity Name: TROPICAL SOLUTIONS LANDSCAPE MANAGEMENT, INC.

Current Principal Place of Business:

1257 INGRAHAM ST
NAPLES, FL 34103

New Principal Place of Business:

1512 FOREST LAKES BLVD.
NAPLES, FL 34105

Current Mailing Address:

1257 INGRAHAM ST
NAPLES, FL 34103

New Mailing Address:

P.O. BOX 9350
NAPLES, FL 34101

FEI Number: 06-1699654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDKINS, DAVE
1257 INGRAHAM ST
NAPLES, FL 34103

Name and Address of New Registered Agent:

EDKINS, DAVE
1512 FOREST LAKES BLVD.
NAPLES, FL 34105

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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: EDKINS, DAVE
Address: 1257 INGRAHAM ST
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: EDKINS, DAVE
Address: 1512 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105

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: DAVE EDKINS PRES 04/30/2004
Electronic Signature of Signing Officer or Director — Date