

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004151

FILED
Jan 31, 2006
Secretary of State

Entity Name: TROPIC DISPOSAL SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 112349
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

C/O PATRICK B. CASEY, J.D., CPA
P.O. BOX 2527
BONITA SPRINGS, FL 34133

New Mailing Address:

P.O. BOX 112349
NAPLES, FL 34108

FEI Number: 20-2214448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASEY, PATRICK B
9240 BONITA BEACH ROAD
SUITE 2209
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

TRACY, JILL A
790 93RD AVENUE NORTH
NAPLES, FL 34108 US

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: JILL A TRACY

01/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ROSENCRANS, MARIAN E
Address: P.O. BOX 112349
City-St-Zip: NAPLES, FL 34108

Title: VTD () Delete
Name: TRACY, STEVEN E
Address: P.O. BOX 112349
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: ROSENCRANS, PAUL G
Address: P.O. BOX 112349
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSENCRANS, MARIAN E
Address: P.O. BOX 112349
City-St-Zip: NAPLES, FL 34108

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

Title: VD (X) Change () Addition
Name: ROSENCRANS, PAUL G
Address: P.O. BOX 112349
City-St-Zip: NAPLES, FL 34108

Title: SD () Change (X) Addition
Name: TRACY, JILL A
Address: P.O. BOX 112349
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIAN E ROSENCRANS

PD

01/31/2006

Electronic Signature of Signing Officer or Director

Date