

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004151

FILED
Apr 27, 2007
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:

790 93RD AVENUE NORTH
NAPLES, FL 34108

Current Mailing Address:

P.O. BOX 112349
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-2214448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JILL A TRACY

SECR

04/27/2007

Electronic Signature of Signing Officer or Director

Date