## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000016590

Entity Name: TROPICAL SERVICES CRO

BOCA RATON, FL 33427

City-St-Zip:

FILED Apr 10, 2008 Secretary of State

Entity Name: TROPICAL SERVICES GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 401 N.W. 13TH DR. BOCA RATON, FL 33486 **Current Mailing Address: New Mailing Address:** P/O/ BOX 2871 BOCA RATON, FL 33427 FEI Number: 65-0736164 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORAVICK, ROBERT T MORAVICK, ROBERT T 6649 SOMERSET DRIVE #104-A 401 N.W. 13TH DR. BOCA RATON, FL 33433 BOCA RATON, FL 33486 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: 04/10/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD ( ) Delete Title: () Change () Addition MORAVICK, ROBERT T Name: Name: POB 2871 Address: Address: City-St-Zip: BOCA RATON, FL 33427 City-St-Zip: Title: STD Title: () Change () Addition () Delete MORAVICK, DAVID J Name: Name: POB 2871 Address: 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: DAVID J. MORAVICK STD 04/10/2008