


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P98000048235 1. Entity Name TROPICAL PEST CONTROL, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 128 SHERWOOD DR. ROYAL PALM BEACH, FL 33411 | Mailing Address 128 SHERWOOD DR. ROYAL PALM BEACH, FL 33411 |
|---|---|

DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0843450 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent MCCLURE, RALPH 128 SHERWOOD DR. ROYAL PALM BEACH, FL 33411 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| | | |
|--|---|--|
| 10. OFFICERS AND DIRECTORS | | <p>000000875081 04/11/08-80018-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCLURE, RALPH 128 SHERWOOD DR. ROYAL PALM BEACH, FL 33411 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ralph McClure* 3/24/08 56 1795-6951