

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90252 030 ***150.00

DOCUMENT # P98000088103					
1. Entity Name TROPICARE, INC.					
Principal Place of Business 10507 HEARTH RD SPRING HILL, FL 34608			Mailing Address 27 E. ORANGE ST R TARPON SPRINGS, FL 34689 US		
2. Principal Place of Business		3. Mailing Address 4090 SW 46TH LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BUSHNELL, FL		4. FEI Number 59-3544152	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33513		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KLIMIS, GEORGE N 27 E. ORANGE STR TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HUGHES, TIMOTHY W 10507 HEARTH RD SPRING HILL, FL 34608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, B. ALLEN 6915 RICHARD AVE SPRING HILL, FL 34607	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAY, SUSAN E. 1417 LAREDO AVE SPRING HILL, FL 34607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNON, MARTY 2419 CHOBEE CT. LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, WILLIAM 1803 CRAVEN ST SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, CHARLIE N 6415 W RICHARD DR SPRING HILL, FL 34607	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T HUGHES, TIMOTHY W. 4090 SW 46TH LANE BUSHNELL, FL 33513	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S DAY, SUSAN E. 4090 SW 46TH LANE BUSHNELL, FL 33513	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:		SUSAN E. DAY		X 4/28/4	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	