## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000002612

Entity Name: TROPICAL PEST MANAGEMENT, INC.

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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15061 OAK CHASE CT 12773 W. FOREST HILL BOULEVARD

WEST PALM BEACH, FL 33414 **SUITE 1209** 

WEST PALM BEACH, FL 33414

**Current Mailing Address: New Mailing Address:** 

12773 W. FOREST HILL BOULEVARD 15061 OAK CHASE CT WEST PALM BEACH, FL 33414

SUITE 1209

WEST PALM BEACH, FL 33414

FEI Number: 65-0890575 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:

WRIGHT, JAMES D 12773 WEST FOREST HILL BLVD. STE. 1209 WEST PALM BEACH, FL 33414 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

WRIGHT, JAMES D WRIGHT, JAMES D Name: Name:

15061 OAK CHASE CT 12773 W. FOREST HILL BOULEVARD, #1209 Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: WEST PALM BEACH, FL 33414

Title: Title: (X) Change ( ) Addition () Delete

WRIGHT, STACY A Name: Name: WRIGHT, STACY A

15061 OAK CHASE CT 12773 W. FOREST HILL BOULEVARD, #1209 Address: Address:

WEST PALM BEACH, FL 33414 WEST PALM BEACH, FL 33414 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: JAMES D. WRIGHT 04/07/2005