


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000031332</b>	
1. Entity Name TROPICAL HOME AND GARDEN PEST CONTROL, INC.	

Principal Place of Business 11421 NORTHWEST 27TH COURT PLANTATION, FL 33323	Mailing Address 11421 NORTHWEST 27TH COURT PLANTATION, FL 33323
---	---

**DO NOT WRITE IN THIS SPACE**



03272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0929852	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  TORCHIN, DAVID CPA/PA 8211 W. BROWARD BLVD. STE#200 PLANTATION, FL 3324	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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"/> <b>\$5.00</b> May Be Added to Fees	000000103658 04/05/04-80065-012 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WASERMAN, JOHN J 11421 NORTHWEST 27TH COURT PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WASERMAN, DANIEL J 11421 NORTHWEST 27TH COURT PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WASERMAN, LEE T 11421 NORTHWEST 27TH COURT PLANTATION, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: John W. Waserman 4/2/2004 984-370-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #