2006 FOR PROFIT CORPORATION

FILED Apr 10, 2006 08:00 AM Secretary of State No Cha-P CR2E034 (11/05) മാരാഭാരഭ Fee Required cept

	ANNUAL	REPORT
DOCUMENT #	689542	
1. Entity Name		



Principal Place of Business

Mailing Address

211 SE 46 TERR

CAPE CORAL, FL 33904 US

TRI COUNTY PLUMBING, INC.

211 SE 46 TERR CAPE CORAL, FL 33904 US



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02202000 140 Origin		01422004 (17700)		
4. FEI Number		• • • • •	Applied For	
59-2047034			Not Applicable	
5 Certificate of State	us Desired	П	\$8.75 Additional	

6. Name and Address of Current Registered Agent

NEWMAN, THOMAS J. 211 SE 46 TERR CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

8. The above named entity submitte this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, a the obligations of registered agent. SIGNATURE Signature tippo or printing terms of registered deen and the a applicable. (NOTE: Registered Agent signature sequired when reinstating) DATE	ind acc
SIGNATURES Signature tipped of printed fear and registered again and time is applicable. (NOTE: Registered Agent suprature sequired when reinstating) DATE	1/0_
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 R. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS ITTLE PD NAME NEWMAN, THOMAS J. STREET ADDRESS 211 SE 48 TERR CITY-ST-ZIP CAPE CORAL, FL 33904	
UDBOD8498603 THE D4/22/06-80101-010 150. STREET ADDRESS CITY-ST-ZIP	.00
NAME SIRVET ADDRESS CITY-ST-ZIP DO NOT WRITE	
TITLE NAME STITEET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CNTY-ST-ZIP	
TISLE NAME STREET ADDRESS CSTY-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 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 cash; that I am an officer of the corporation of the receiver or fusible empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or changed, or on an attachment with all other like propowered. SIGNATURE: SIGNATURE: STORYTHE AND TYPENGE PRINTED NAME OF STORMING OFFICER OR DIRECTOR Day Obsome Prior is 2	lomati or direc Block