


10: STEUCK CPA 2-3-04

FILED
Apr 19, 2004 8:00 am
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

04-19-2004 90272 035 ***150.00

DOCUMENT # P01000091300	
1. Entity Name TRI-COM ADVERTISING, MARKETING & PUBLIC RELATIONS, INC.	

Principal Place of Business 2051 FIRST AVE NORTH SAINT PETERSBURG, FL 33713 18395 GULFBND STE 202 INDIAN SHORES, FL 33785	Mailing Address 2051 FIRST AVE NORTH SAINT PETERSBURG, FL 33713 (SAME)
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94054166



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3747920	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 SILKIE, KENNETH C 2051 FIRST AVE NORTH SAINT PETERSBURG, FL 33713	 SILKIE, KENNETH C 18395 GULFBND STE 202 INDIAN SHORES, FL 33785
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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:  DATE: 2-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

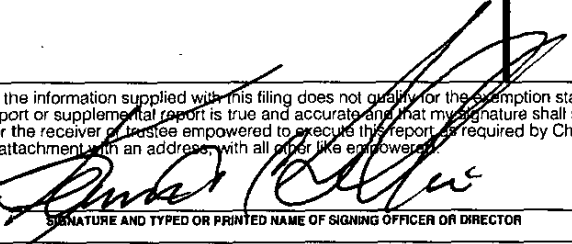
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILKIE, KENNETH C 5201 LAZY LAKE LN. ST. PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 empowerments.

SIGNATURE:  DATE: 2-17-04 727-596-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR