2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2005 08:00 AM Secretary of State

DOCUMENT # P01000091300 1. Entity Name TRI-COM ADVERTISING, MARKETING & PUBLIC RELATIONS, INC.	Secretary of State
Principal Place of Business Mailing Address 18395 GULF BLVD STE 202 INDIAN ROCKS BEACH, FL 33785 Mailing Address 18395 GULF BLVD STE 202 INDIAN ROCKS BEACH, FL 33785	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent	04192005 No Chg-P CR2E034 (10/03) 4. FEI Number
SILKIE, KENNETH C 18395 GULF BLVD STE 202 INDIAN ROCKS BEACH, FL 33785	DO NOT WRITE IN THIS SPACE
8. The above named entity adomits this statement for the processe of changing its registered office or register the obligations of registered agent. Signature: Signature, when or helpfered so in special agents. (NOTE, Registered Agent signature require	ered agent, or both, in the State of Florida. I am familiar with, and accept LUC DATE DATE
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.	.00 May Be ded to Fees
TITLE D NAME SILKIE, KENNETH C STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33708 TITLE NAME STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33708 TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000325974 04/23/05-80038-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in S indicated on this report or supplier entail report is fine and accurate and that my signature shall have the of the corporation or the receipt for muster employees to execute this report as required by Chapter 60	ection 119.07(3)(f), Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director.