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Secretary of State

04-28-2008 90351 027 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000091300

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



Principal Place of Business Mailing Address
16395 GULF BLVD STE 202 16395 GULF BLVD STE 202
INDIAN ROCKS BEACH, FL 33785 INDIAN ROCKS BEACH, FL 33785

66012732



2. Principal Place of Business - No P.O. Box # 3. Agent's Address
PO BOX 86581 *PO BOX 86581*
State, Apt. #, etc. State, Apt. #, etc.
5201 Lazy Lake Lane

04252908 Chg-P CR2E304 (12/06)

City & State City & State
MADIRA BEACH FL *MADIRA BEACH FL*
33708 *33708*
PINELLAS *PINELLAS*

4. FE Number: *59-3747920* Applied For: Not Applied For:
5. Certificate of Status Desired: \$8.75 Additional Fee Required:

6. Name and Address of Current Registered Agent
SILKIE, KENNETH C
16395 GULF BLVD STE 202
INDIAN ROCKS BEACH, FL 33785
PO BOX 86581
5201 Lazy Lake Lane
MADIRA BEACH, FL 33708

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. The above stated entity submits this statement for its purpose of changing its registered office, registered agent, or both in the State of Florida. I am familiar with, and accept the responsibility of registered agent.

SIGNATURE: *[Signature]* DATE: *4-25-08*

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ACTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Incumbent	SILKIE, KENNETH C 5201 LAZY LAKE LN. ST. PETERSBURG FL 33708	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Death		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Death		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Death		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Death		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Death		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information submitted on this form is true and correct for the information contained in Chapter 118, Florida Statutes. I further certify that the information provided on this report or supplement thereto is true and correct and that my signature shall have the same legal effect as if made under oath. This is an officer or director of the corporation or the receiver or trustee and shall be subject to the report as required by Chapter 607, Florida Statutes, and shall file the report in Book 10 or Book 11 if required, or in an acknowledgment with an address of record if not otherwise required.

SIGNATURE: *[Signature]* DATE: *4-25-08*