


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # V09372	
1. Entity Name TRI-COUNTY TRANSMISSION & AUTO REPAIR, INC.	

Principal Place of Business 15565 NW HIGHWAY 19 CHIEFLAND, FL 32626 US	Mailing Address 15565 NW HWY 19 CHIEFLAND, FL 32626 US
--	--

DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3103764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHELTON, ROBERT
12291 NW 82ND CT
CHIEFLAND, FL 32626**

**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 _____
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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHELTON, ROBERT 12291 NW 82ND COURT CHIEFLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD SHELTON, MERRIE J 12291 NW 82ND COURT CHIEFLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KIMBERLY R SHELTON 12291 NW 82ND CT CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000088819
03/15/04-80066-023 150.00

**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)(f), 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: Kimberly R Shelton Kimberly R Shelton 3-11-04 352 4934531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #