

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V09372

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: TRI-COUNTY TRANSMISSION & AUTO REPAIR, INC.

**Current Principal Place of Business:**

15565 NW HIGHWAY 19  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

12291 NW 82ND CT  
CHIEFLAND, FL 32626 US

**Current Mailing Address:**

15565 NW HWY 19  
CHIEFLAND, FL 32626 US

**New Mailing Address:**

12291 NW 82ND CT  
CHIEFLAND, FL 32626 US

FEI Number: 59-3103764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHELTON, ROBERT  
Address: 12291 NW 82ND COURT  
City-St-Zip: CHIEFLAND, FL

Title: VSTD ( ) Delete  
Name: SHELTON, MERRIE J  
Address: 12291 NW 82ND COURT  
City-St-Zip: CHIEFLAND, FL

Title: VP ( ) Delete  
Name: KIMBERLY R SHELTON,  
Address: 12291 NW 82ND CT  
City-St-Zip: CHIEFLAND, FL 32626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SHELTON

PD

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date