

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V09372

FILED  
Jan 18, 2012  
Secretary of State

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

**Current Principal Place of Business:**

12291 NW 82ND CT  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

**Current Mailing Address:**

12291 NW 82ND CT  
CHIEFLAND, FL 32626 US

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SHELTON

PD

01/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date