2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# 229554

Entity Name: TRI-COUNTY OIL DISTRIBUTORS INC

Current Principal Place of Business:

15 S.W. 7TH AVENUE
P.O. BOX 759
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

15 S.W. 7TH AVENUE
P.O. BOX 759
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-0878163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOERR, G. MICHAEL
15 S.W. 7TH AVENUE
WILLISTON, FL 32696 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: DOERR, G. MICHAEL,
Address: 4411 SW 85TH WAY
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete
Name: DOERR, G., MICHAEL,
Address: 4411 SW 85TH WAY
City-St-Zip: GAINESVILLE, FL

Title: D ( ) Delete
Name: DOERR, BEN I,
Address: 6760 A1A S
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: DOERR, JOAN L,
Address: 6760 A1A S
City-St-Zip: ST. AUGUSTINE, FL 32084

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: G. MICHAEL DOERR PRES 07/03/2006

Electronic Signature of Signing Officer or Director Date