

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

06-15-2005 90093 038 \*\*\*550.00

<b>DOCUMENT # 326691</b> 1. Entity Name <b>TRI-AM RV CENTER, INC.</b>					
Principal Place of Business <b>5441 NE JACKSONVILLE ROAD OCALA, FL 34479 US</b>			Mailing Address <b>5441 NE JACKSONVILLE ROAD OCALA, FL 34479 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1201652</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PERKINS, HOOD, L 5451 JACKSONVILLE RD OCALA, FL 32670</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PERKINS, SHERRY <input type="checkbox"/> Delete <b>5451 NE JACKSONVILLE RD. OCALA, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Perkins, Sherry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address <b>5459 NE Jacksonville Rd. Ocala, FL 34479</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERKINS, HOOD L <input type="checkbox"/> Delete <b>5451 NE JACKSONVILLE RD. OCALA, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Perkins, Hood L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of address <b>5459 NE Jacksonville Rd. Ocala, FL 34479</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perkins, Russ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5449 NE Jacksonville Rd. Ocala, FL 34479</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perkins, Ryan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5451 NE Jacksonville Rd. Ocala, FL 34479</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Sherry P. Perkins</u> <u>Sherry P. Perkins 6/10/05 (352)732-6269</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					