2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# 326691

Entity Name: TRI-AM RV CENTER, INC.

Current Principal Place of Business:

5441 NE JACKSONVILLE ROAD
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

5441 NE JACKSONVILLE ROAD
OCALA, FL 34479 US

New Mailing Address:

FEI Number: 59-1201652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, HOOD, L
5451 JACKSONVILLE RD
OCALA, FL 32670 US

Name and Address of New Registered Agent:

PERKINS, RUSS L.
5599 NE JACKSONVILLE RD
OCALA, FL 34479 US

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: PRESIDENT, RUSS L. PERKINS 04/17/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: PERKINS,SHERRY,
Address: 5459 NE JACKSONVILLE RD
City-St-Zip: OCALA, FL 34479

Title: PD ( ) Delete
Name: PERKINS, HOOD L,
Address: 5459 NE JACKSONVILLE RD
City-St-Zip: OCALA, FL 34479

Title: D (X) Delete
Name: PERKINS, RUSS
Address: 5449 NE JACKSONVILLE RD
City-St-Zip: OCALA, FL 34479

Title: D (X) Delete
Name: PERKINS, RYAN
Address: 5451 NE JACKSONVILLE RD
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: PERKINS, RYAN,
Address: 5451 NE JACKSONVILLE RD.
City-St-Zip: OCALA, FL 34479

Title: PD (X) Change ( ) Addition
Name: PERKINS, RUSS L.,
Address: 5599 NE JACKSONVILLE RD
City-St-Zip: OCALA, FL 34479

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: RUSS L. PERKINS PD 04/17/2007
Electronic Signature of Signing Officer or Director Date