

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 514687
 1. Entity Name
 TRI-COUNTY WOODWORKING, INC.



Principal Place of Business
 12371 NW 62 AVE
 CHIEFLAND, FL 32626

Mailing Address
 PO BOX 1396
 CHIEFLAND, FL 32644

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-1704453

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ICE, KEITH J.
 618 NE 2ND STREET
 CHIEFLAND, FL 32626

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000163661
 072007204-80011-015 550.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ICE, KEITH J.
STREET ADDRESS	U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP	CHIEFLAND, FL
TITLE	TD
NAME	ICE, KEITH J.
STREET ADDRESS	U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP	CHIEFLAND, FL
TITLE	VP
NAME	ICE, KELEENA
STREET ADDRESS	US HIGHWAY 19 NORTH
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Keith J. Ice 6-30-04 352-493-1238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #