2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004
Secretary of State

DOCUMENT# 733339

Entity Name: TRI-COUNTY CENTRAL OFFICE, INC.

Current Principal Place of Business:

8019 N. HIMES #506
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8019 N. HIMES #506
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-1605474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, TIMOTHY W
8019 N. HIMES
STE 506
TAMPA, FL 33614 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: TD ( ) Delete
Name: PEYTON, MICHAEL
Address: 4110 W SUANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: CD ( ) Delete
Name: ARNOLD, BERT
Address: 1701 SKIPPER RD LOT 42B
City-St-Zip: TAMPA, FL 33612

Title: SD ( ) Delete
Name: BARKHURST, REBECCA
Address: 13743 CHESTERSALL DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: DELOACH, CRAIG
Address: 6807 HARBORVIEW WAY
City-St-Zip: TAMPA, FL 33615

Title: CD (X) Change ( ) Addition
Name: POLK, CARLTON
Address: P. O. BOX 24144
City-St-Zip: TAMPA, FL 33623

Title: SD (X) Change ( ) Addition
Name: MCINTOSH, JIM
Address: 12902 PITTSFIELD AVENUE
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON POLK CD 05/19/2004

Electronic Signature of Signing Officer or Director — Date