

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733339

FILED  
May 14, 2005  
Secretary of State

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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: DELOACH, CRAIG  
Address: 6807 HARBORVIEW WAY  
City-St-Zip: TAMPA, FL 33615

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change ( ) Addition  
Name: BILGER, AL  
Address: 1913 E. CLIFTON AVE  
City-St-Zip: TAMPA, FL 33610

Title: SD (X) Change ( ) Addition  
Name: ASHBAUGH, JOANNE  
Address: 10927 WHISPERING OAK  
City-St-Zip: RIVERVIEW, FL 33569

Title: AD ( ) Change (X) Addition  
Name: HEVENER, JACK  
Address: 1505 GULF CITY ROAD LOT #2  
City-St-Zip: RUSKIN, FL 33570

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: AL BILGER

CD

05/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date