2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am **Secretary of State DOCUMENT # 733339** 1. Entity Name 02-27-2006 90093 025 ****70.00 TRI-COUNTY CENTRAL OFFICE, INC. Principal Place of Business Mailing Address 8019 N. HIMES #506 8019 N. HIMES #506 **TAMPA FL 33614** TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-1605474 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, TIMOTHY W Street Address (P.O. Box Number is Not Acceptable) 8019 N. HIMES **STE 506** TAMPA FL 33614 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete Addition THE TITLE Jay McCorkle DELOACH, CRAIG NAME NAME 15105 Nighthank Drive STREET ADDRESS 6807 HARBORVIEW WAY STREET ADDRESS TAMPA FL 33625 **TAMPA FL 33615** CITY-ST-ZIP CITY-ST-ZIP TITLE CD ☐ Delete G A ☐ Change Addition TITLE Charles Manly 4229 Sunrise Drive South BILGER, AL NAME STREET ADDRESS 1913 E. CLIFTON AVE STREET ADDRESS st. Pete. FL 33705 TAMPA FL 33610 COY-ST-7IP CITY-\$1-ZIP Delete SD Change Addition TITLE TITLE TERRY Cullent 2424 W. TAMPA BAY Blud #M403 ASHBAUGH, JOANNE NAM-NAME STREET ADDRESS 10927 WHISPERING OAK STREET ADDRESS TAMOA, FL 33607 CITY-ST-7IP RIVERVIEW FL 33569 CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition HEVENER, JACK NAME STREET ADDRESS 1505 GULF CITY ROAD LOT #2 STREET ADDRESS CITY-ST-ZIP RUSKIN FL 33570 CITY-ST-ZIP Delete TILLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TTLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FEB 14-06 813-9339123 SIGNATURE: What Below AlbERT J. BilgER