2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 25, 2008
Secretary of State

DOCUMENT# 733339

Entity Name: TRI-COUNTY CENTRAL OFFICE, INC.

Current Principal Place of Business:

8019 N. HIMES STE 104
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8019 N. HIMES STE 104
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 104
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: CD ( ) Delete
Name: VERNER, CINDY
Address: 910 CRYSTAL TERRACE
City-St-Zip: PLANT CITY, FL 33563

Title: TD ( ) Delete
Name: HALLIGAN, THOM
Address: 3418 TODD COUNTY PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete
Name: QUILLAN, JOYCE
Address: 16417 TURNBURY OAK DRIVE
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete
Name: FLORENCE, MARYILYN
Address: 110 EAST BROAD STREET C#104
City-St-Zip: TAMPA, FL 33604

Title: AD (X) Delete
Name: GIGLIN, KEVIN
Address: 3801 SOUTH LAKE DRIVE APT 247
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: GUZZO, PAUL
Address: 6512 DOLPHIN COVE DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: TD (X) Change ( ) Addition
Name: QUILLAN, JOYCE
Address: 16417 TURNBURY OAK DRIVE
City-St-Zip: ODESSA, FL 33556

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY W SMITH OM 06/25/2008

Electronic Signature of Signing Officer or Director — Date