

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90056 002 ***150.00

DOCUMENT # F02000000042
 1. Entity Name
 TRI-COUNTY REAL ESTATE HOLDINGS, INC.



Principal Place of Business
 302 NORTH MAIN STREET
 TRENTON, FL 32693

Mailing Address
 302 NORTH MAIN STREET
 TRENTON, FL 32693

40010000



2. Principal Place of Business
 530 East Wade Street
 Suite, Apt. #, etc.

3. Mailing Address
 530 East Wade Street
 Suite, Apt. #, etc.

02042005 Chg-P CR2E034 (10/03)

City & State
 Trenton, FL

City & State
 Trenton, FL

Zip
 32693

Country
 Gilcrest

Zip
 32693

Country
 Gibrest

4. FEI Number
 56-2326443

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FERGUSON, JOHN
 302 NORTH MAIN STREET
 TRENTON, FL 32693

7. Name and Address of New Registered Agent
 Name
 Ferguson, John

Street Address (P.O. Box Number is Not Acceptable)
 530 East Wade Street

City
 Trenton

FL Zip Code
 32693

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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD LANE, W. EDWIN JR. 24 SECOND AVE SE. MOULTRIE, GA 31768	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Hortman, Edwin W. 24 Second Ave. SE MOULTRIE, GA 31768	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Cindi Lewis 24 Second Ave SE MOULTRIE, GA 31768	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Cindi Lewis, EVP Date: 2/4/05 Daytime Phone #: 229/890-6386