

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # H48958

1. Entity Name
TRI-CITY DIVERSIFIED SERVICES, INC.



Principal Place of Business
**3713 OLD DELAND ROAD
DAYTONA BEACH, FL 32124**

Mailing Address
**3713 OLD DELAND ROAD
DAYTONA BEACH, FL 32124**



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2562109

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANKFORD, CHERYL
220 EAST NEW YORK AVE
DELAND, FL 32724**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000460645
03/20/06 80019-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUMMERS, L. J
STREET ADDRESS	736 S. BEACH ST.
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	VP
NAME	LANKFORD, CHERYL
STREET ADDRESS	220 E. NEW YORK AVE.
CITY-ST-ZIP	DELAND, FL 32721
TITLE	D
NAME	DAVIS, BILL C.
STREET ADDRESS	3571 N. RIDGEWOOD AVENUE
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	D
NAME	LANKFORD, LARRY
STREET ADDRESS	220 E NEW YORK AVE
CITY-ST-ZIP	DELAND, FL 32721
TITLE	D
NAME	WOODWARD, MARILYN
STREET ADDRESS	167 RIDGEWOOD AVE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	STD
NAME	BLACK, JOANNE
STREET ADDRESS	103 E INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/04/06 386
255-7623**
Date Daytime Phone #