

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48958

FILED
Feb 19, 2007
Secretary of State

Entity Name: TRI-CITY DIVERSIFIED SERVICES, INC.

Current Principal Place of Business:

3713 OLD DELAND ROAD
DAYTONA BEACH, FL 32124

New Principal Place of Business:

Current Mailing Address:

3713 OLD DELAND ROAD
DAYTONA BEACH, FL 32124

New Mailing Address:

FEI Number: 59-2562109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUMMERS, L. J
Address: 736 S. BEACH ST.
City-St-Zip: DAYTONA BEACH, FL

Title: VP () Delete
Name: LANKFORD, CHERYL
Address: 220 E. NEW YORK AVE.
City-St-Zip: DELAND, FL 32721

Title: D () Delete
Name: DAVIS, BILL C.,
Address: 3571 N. RIDGEWOOD AVENUE
City-St-Zip: PORT ORANGE, FL

Title: D () Delete
Name: LANKFORD, LARRY
Address: 220 E NEW YORK AVE
City-St-Zip: DELAND, FL 32721

Title: D () Delete
Name: WOODWARD, MARILYN
Address: 167 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: STD () Delete
Name: BLACK, JOANNE
Address: 103 E INTERNATIONAL SPEEDWAY BLVD
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: LAWRENCE SUMMERS

PRES

02/19/2007

Electronic Signature of Signing Officer or Director

Date