2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2011
Secretary of State

DOCUMENT# H48958

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 (X)**

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

OFFICERS AND DIRECTORS:

Title: PD
Name: LANKFORD, CHERYL
Address: 220 EAST NEW YORK AVE.
City-St-Zip: DELAND, FL 32724

Title: VPD
Name: WOODWARD, TRACY
Address: 167 RIDGEWOOD AVE.
City-St-Zip: HOLLY HILL, FL 32117

Title: SD
Name: BALDWIN, RICHARD O JR.
Address: 1550 DALE AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: TD
Name: LANKFORD, LARRY
Address: 220 E NEW YORK AVE
City-St-Zip: DELAND, FL 32721

Title: D
Name: WOODWARD, DAVID
Address: 167 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: D
Name: BLACK, NORMAN
Address: 167 VINING COURT
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: CHERYL LANKFORD PD 03/10/2011

Electronic Signature of Signing Officer or Director — Date