## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H73426

FILED Apr 07, 2009 Secretary of State

Entity Name: TRI-COUNTY TESTING LABORATORIES, INC.

	rincipal Plac		· <del></del>	New Principal Place	
	I MAIN STREE GARDEN, FL		US		
urrent N	lailing Addre	ss:		New Mailing Addres	ss:
	I MAIN STREE GARDEN, FL		US		
I Number	: 59-2576577	FEI N	umber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of	Current	Registered Agent:	Name and Address	of New Registered Agent:
	, JOSEPH F J				
	I MAIN STREE GARDEN, FL		US		
INTER (	GARDEN, FL	34787		ourpose of changing its registere	ed office or registered agent, or both
INTER ( ne above the State	GARDEN, FL named entity of Florida.	34787		ourpose of changing its registere	ed office or registered agent, or both
INTER ( ne above the State	GARDEN, FL named entity of Florida.  RE:	34787 submits			ed office or registered agent, or both Date
INTER ( ne above the State GNATUI	ARDEN, FL named entity of Florida.  RE: Electro	34787 submits nic Sign	this statement for the p		
'INTER ( ne above the State GNATUI ection Car	ARDEN, FL named entity of Florida.  RE: Electro	34787 submits nic Sign	this statement for the particles at the	ent	
INTER ( ne above the State GNATUI ection Car	named entity of Florida.  RE: Electro  mpaign Financin  S AND DIREC	submits  nic Sign  g Trust F  CTORS: ) Delete PSEPH F  IN STREE	this statement for the pature of Registered Agund Contribution ( ).	ent	Date
ie above the State GNATUI ection Car FFICER: e: me: dress:	e named entity of Florida.  RE: Electro  mpaign Financir  S AND DIRECTO  DP ( WILLIAMS, JC 23 SOUTH MA WINTER GARI	submits  nic Sign  g Trust F  TORS:  ) Delete  SEPH F  SIN STREE  DEN, FL  ) Delete  T PE  LCREST	this statement for the pature of Registered Agund Contribution ( ).	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTO

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

SIGNATURE: JOSEPH WILLIAMS PRES 04/07/2009