


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

*Bd. \$150.00* FILED

Jan 14, 2008 08:00 AM  
Secretary of State

|   |   |
|---|---|
| DOCUMENT # J01795<br>1. Entity Name<br>TRI-CITY HOME SERVICES, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>1338 NORMANDY CR., S.<br>PALM HARBOR, FL 34683 | Mailing Address<br>1338 NORMANDY CR., S.<br>PALM HARBOR, FL 34683 |
|---|---|



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-2637408                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent  
  
RAMBUSKI, JOHN  
1338 NORMANDY CR., SOUTH  
PALM HARBOR, FL 34683

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 000000780783<br>01/15/08-80008-013 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>RAMBUSKI, JOHN ALLEN<br>1338 NORMANDY CIR SOUTH<br>PALM HARBOR, FL 34683 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: *John Allen Rambuski* **John Allen Rambuski** 1/10/08 727-785-2884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #