2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # J28131

1. Entity Name
TRI-COUNTY ALUMINUM SPECIALTIES, INC.

Principal Place of Business	Mailing Address
10416 SPARGE ST PORT RICHEY, FL 34668 US	10416 SPARGE ST PORT RICHEY, FL 34668 US

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03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2697905
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W., JR.
10816 US HWY 19
PORT RICHEY, FL 33568

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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)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'KEEFE, JAMES WM., III
STREET ADDRESS	12625 FIFTH ISLE S.
CITY-ST-ZIP	HUDSON, FL
TITLE	ST
NAME	SCHOEPF, JR. DAVID
STREET ADDRESS	7169 RED OAK LOOP
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D
NAME	BOCCHETTI, KATHLEEN
STREET ADDRESS	2137 MELODY DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/06-80011-020 150.00

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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: - JAMES O'KEEFE 3/14/06 727-848-4523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #