

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # M83848 1. Entity Name TRI-COUNTY AUTO CREDIT, INC.	
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Principal Place of Business % EDWARD J. BIELEN 130 NORTH TAMiami TR. NOKOMIS, FL 34275	Mailing Address % EDWARD J. BIELEN 130 NORTH TAMiami TR. NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

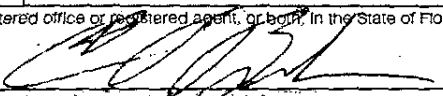
4. FEI Number 65-0054932	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIELEN, EDWARD J.
130 NORTH TAMiami TR.
NOKOMIS, FL 34275

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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 EDWARD J. BIELEN V. PRES.  3-15-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying) DATE

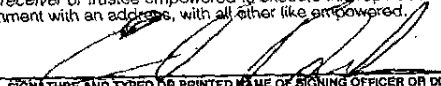
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIELEN, EDWARD J. 130 N. TAMiami TR. NOKOMIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CURRIE, W.E., III 5815 N DALE MABRY HWY. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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03/24/05-80023-025 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  EDWARD J. BIELEN 3-15-05 (941) 488-6287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
V. PRES.