


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009391	
1. Entity Name TRI-COUNTY TWINS, INCORPORATED	

Principal Place of Business 2770 RHODE ISLAND AVENUE FT. MYERS, FL 33916	Mailing Address 2770 RHODE ISLAND AVENUE FT. MYERS, FL 33916
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3728961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHREIER, TAMMY 2770 RHODE ISLAND AVENUE FT. MYERS, FL 33916
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**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 **1/7/04**

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIER, TAMMY 2770 RHODE ISLAND AVENUE FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSE, JOHN 1544 MCGREGOR RESERVE DR. FT. MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAEZ, PETE 7140 CHURCH STREET FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, MIKE 8601 BELLE MEADE DR. FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000061010
02/23/04-80062-009 61.25

**DO NOT WRITE
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)(i), 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 617, 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:  DATE **1/7/04** Daytime Phone # **239-980-163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR