2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009391

Entity Name: TRI-COUNTY TWINS, INCORPORATED

FILED Mar 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2770 RHODE ISLAND AVENUE 1561 GRACE AVE. FT. MYERS, FL 33916 FT. MYERS, FL 33901

Current Mailing Address: New Mailing Address:

2770 RHODE ISLAND AVENUE 1561 GRACE AVE. FT. MYERS, FL 33916 FT. MYERS, FL 33901

FEI Number: 04-3728961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHREIER, TAMMY
2770 RHODE ISLAND AVENUE
57. MYERS EL 22016. LIS

FT. MYERS, FL 33916 US FT. MYERS, FL 33901 US

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.

SIGNATURE: 03/02/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PRES (X) Change () Addition Name: SCHREIER, TAMMY Name: SCHREIER, TAMMY

Address: 2770 RHODE ISLAND AVENUE Address: 2770 RHODE ISLAND AVENUE City-St-Zip: FT. MYERS, FL 33916 City-St-Zip: FT. MYERS, FL 33916

Title: D () Delete Title: SEC (X) Change () Addition

Name: MORSE, JOHN Name: MORSE, JOHN

Address: 1544 MCGREGOR RESERVE DR. Address: 1544 MCGREGOR RESERVE DR.

City-St-Zip: FT. MYERS, FL 33916 City-St-Zip: FT. MYERS, FL 33916

Title: D (X) Delete Title: () Change () Addition

 Name:
 SAEZ, PETE
 Name:

 Address:
 7140 CHURCH STREET
 Address:

 City-St-Zip:
 FT. MYERS, FL 33908
 City-St-Zip:

Title: D () Delete Title: VP (X) Change () Addition

Name: WEISS, MIKE Name: WEISS, MIKE

Address: 8601 BELLE MEADE DR. Address: 8601 BELLE MEADE DR. City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY SCHREIER PRES 03/02/2005