

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000023320

1. Entity Name
TRI-COUNTY FLOORING STORE, INC.



Principal Place of Business

13527 NW US 19
CHIEFLAND, FL 32626

Mailing Address

13527 NW US 19
CHIEFLAND, FL 32626

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3633409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, KATHERINE R
609 SW 1ST ST
TRENTON, FL 32693

**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 *Katherine R. McDonald Katherine R. McDonald*

4-24-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME MCDONALD, KATHERINE R
STREET ADDRESS 13527 NW US 19
CITY-ST-ZIP CHIEFLAND, FL 32626

TITLE V
NAME MCDONALD, ROBERT E
STREET ADDRESS 13527 NW US 19
CITY-ST-ZIP CHIEFLAND, FL 32626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000552445
05/15/06-80012-009 150.00

**DO NOT WRITE
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

Katherine R. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06

Date

352-493-2494

Daytime Phone #