

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 28, 2007 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**



08162007 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 McDonald*

8-20-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

08/28/07-80003-018 550.00

**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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

**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 McDonald*

*Katherine McDonald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-26-07

Daytime Phone #

352-493

2494