2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026323

5353 SW COLLEGE RD

OCALA, FL 34474

Address:

City-St-Zip:

FILED Apr 26, 2006 Secretary of State

Entity Name: TR CAPITAL CORPORATION						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5353 SW COLLEGE RD. OCALA, FL 34474				7280 SW HWY. 200 OCALA, FL 34476		
Current M	s:	New Maili	New Mailing Address:			
5353 SW COLLEGE RD. OCALA, FL 34474				7280 SW HWY. 200 OCALA, FL 34476		
FEI Number:	59-3635605	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HAMMETT 5353 SW C OCALA, FL		7280 SW H	HAMMETT, J. RANDALL 7280 SW HWY. 200 OCALA, FL 34476 US			
The above in the State		ubmits this statement for the p	urpose of changing i	ts register	red office or registered agent, or both,	
SIGNATUR			04/26/2006			
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DV () FRIES, THEODO 5465 NE 1ST LN OCALA, FL 344	l.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () HAMMETT, J. RA 5353 SW COLLI OCALA, FL 344	EGE RD.	Title: Name: Address: City-St-Zip:		(X) Change()Addition 「, J. RANDALL HWY. 200 L 34476	
Title: Name:	SD () HAMMENT, CYN	Delete THIA	Title: Name:	SD HAMMEN	(X) Change ()Addition 「. CYNTHIA L	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

7280 SW HWY 200

OCALA, FL 34476

SIGNATURE: CYNTHIA L. HAMMETT SD 04/26/2006