


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000054448	
1. Entity Name TRI-COUNTY GROUP, INC.	

Principal Place of Business 20150 CORTEZ BLVD BROOKSVILLE, FL 34601	Mailing Address 20150 CORTEZ BLVD BROOKSVILLE, FL 34601
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3647508	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

ANGELO, JOSEPH
1183 N MAN O WAR DR
HERNANDO, FL 34442

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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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH, ANGELO 1183 N MAN O WAR DR HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANGELO, MARCA 1183 N MAN O WAR DR HERNANDO, FL 34442
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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 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: Marca L. Angelo Marca L. Angelo 2-07-05 341-1748

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Date Daytime Phone #