

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000061547

1. Entity Name
TRI-COUNTY WATER INC.



Principal Place of Business
**2098 SW HAYWORTH AVE
PORT ST LUCIE, FL 34953**

Mailing Address
**2098 SW HAYWORTH AVE
PORT ST LUCIE, FL 34953**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1016950

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARVEY, ADRIENNE B
2065 SW BEEKMAN ST
PORT ST LUCIE, FL 34953**

**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

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

(NOTE: Registered Agent signature required when reissuing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HARVEY, ADRIENNE B
2065 SW BEEKMAN ST
PORT ST LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HARVEY, WILLIAM L
2065 SW BEEKMAN ST
PORT ST LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
SCHEIB, LAURALEE M
2073 SW BEEKMAN ST
PORT ST LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SCHEIB, JAMES M
2073 SW BEEKMAN ST
PORT ST LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000437918
02/28/06-80069-001 150.00

**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: *Adrienne Harvey* **Adrienne Harvey** 2-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #