

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P00000078346                         |  |
| 1. Entity Name<br>TRI COUNTY WALL SYSTEMS, INC. |                                                                                   |

|                                                                                  |                                                           |
|----------------------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br>1570 KELLEY AVE<br>UNIT #2<br>KISSIMMEE, FL 34744 | Mailing Address<br>717 EAST OAK ST<br>KISSIMMEE, FL 34744 |
|----------------------------------------------------------------------------------|-----------------------------------------------------------|



02222006 No Chg-P CR2E034 (11/05)

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|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-3667207                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>TANZILLO, ANDREW<br>1570 KELLEY AVE. UNIT #2<br>KISSIMMEE, FL 34744 |
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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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

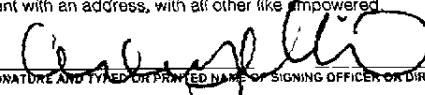
9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

400000480022  
04/10/06-80028-007 150.00

| 10. OFFICERS AND DIRECTORS                       |                                                                             |
|--------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PSTD<br>TANZILLO, ANDREW H<br>1654 MARINA LAKE DRIVE<br>KISSIMMEE, FL 34744 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                             |

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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:  3/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #