

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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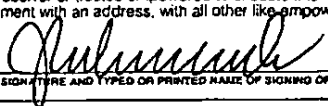
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000099930			
1. Entity Name TRI-COUNTY BANK			
Principal Place of Business 302 NORTH MAIN STREET TRENTON, FL 32693		Mailing Address P.O. BOX 797 TRENTON, FL 32693	
2. Principal Place of Business 530 East Wade Street		3. Mailing Address 530 East Wade Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Trenton, FL		City & State Trenton, FL	
Zip 32693		Country Gilcrest	
4. FEI Number 59-3715374		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAUCHAMP, GREGORY V P.A. 107 E PARK AVE CHEIFLAND, FL 32626		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		B. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D EDWARDS, JON 24 2ND AVE SE MOULTRIE, GA 31768 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Samuel S. Sanders 530 East Wade Street Trenton, FL 32693 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BUSH, WILBUR 302 NORTH MAIN STREET TRENTON, FL 32693 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FERGUSON, JOHN H. 302 NORTH MAIN STREET TRENTON, FL 32693 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GRAHAM, DONNA 302 NORTH MAIN STREET TRENTON, FL 32693 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HAYES, MICHAEL 302 NORTH MAIN STREET TRENTON, FL 32693 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SCOGGINS, NORMAN 302 NORTH MAIN STREET TRENTON, FL 32693 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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: 		1/13/05 (229)-890-1111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	