

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099930

Entity Name: TRI-COUNTY BANK

FILED  
Jan 09, 2006  
Secretary of State

## Current Principal Place of Business:

530 EAST WADE STREET  
TRENTON, FL 32693

## New Principal Place of Business:

## Current Mailing Address:

530 EAST WADE STREET  
TRENTON, FL 32693

## New Mailing Address:

FEI Number: 59-3715374      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEAUCHAMP, GREGORY V P.A.  
107 E PARK AVE  
CHEIFLAND, FL 32626      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EDWARDS, JON  
Address: 24 2ND AVE SE  
City-St-Zip: MOULTRIE, GA 31768

Title: D ( ) Delete  
Name: BUSH, WILBUR  
Address: 302 NORTH MAIN STREET  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: FERGUSON, JOHN H.  
Address: 302 NORTH MAIN STREET  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: GRAHAM, DONNA  
Address: 302 NORTH MAIN STREET  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: HAYES, MICHAEL  
Address: 302 NORTH MAIN STREET  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: SCOGGINS, NORMAN  
Address: 302 NORTH MAIN STREET  
City-St-Zip: TRENTON, FL 32693

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MYERS, JOHNNY  
Address: 24 2ND AVE SE  
City-St-Zip: MOULTRIE, GA 31768

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOHNNY MYERS

D

01/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date