


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90132 004 ***158.75

DOCUMENT # P01000111014	
1. Entity Name TRI COUNTY PALLET MASTERS, INC.	

Principal Place of Business 1772 NE 25TH TERR JENSEN BEACH, FL 34957	Mailing Address 1772 NE 25TH TERR JENSEN BEACH, FL 34957
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50064897

2. Principal Place of Business 4055 Hickory St	3. Mailing Address 4055 Hickory St
Suite, Apt. #, etc.	Suite, Apt. #, etc.



08252005 Chg-P CR2E034 (10/03)

City & State Micco FL	City & State Micco FL
Zip 32976	Country USA

4. FEI Number 65-1154601	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WHITE, CHARLES R.L. ESQUIRE 725 N A1A STE E-102 JUPITER, FL 33477	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 reinstating)	DATE
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAHY, RICHARD E 1772 NE 25TH TERR JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Richard E Leahy	9-1-05	561-315-4423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

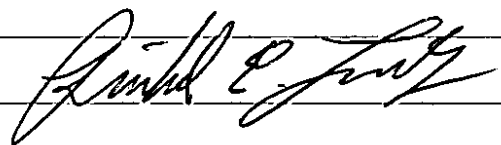
TRI County Pallet Masters
4055 Hickory St
Micco FL 32976

ATTACHMENT 50064897
PO10001118/4
7-2-05

To Division of Corporations,

I am requesting waiver of
the 400.00 Late Fee. As per my
conversation with your office I
did not receive 2005 Annual Report
The reason being my place of business
and mailing address changed my
now address is 4055 Hickory St
Micco FL 32976. I did not receive
the 2005 Annual report in time to
file

Thanks



Richard E. Leahy
President

* New Address

TRI County Pallet Masters
4055 Hickory St
Micco FL 32976