

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90004 018 ***150.00

DOCUMENT # P01000111014

1. Entity Name

TRI COUNTY PALLET MASTERS, INC.



Principal Place of Business

4055 HICKORY ST
MICCO FL 32976

Mailing Address

4055 HICKORY ST
MICCO FL 32976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

Country

4. FEI Number

65-1154601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, CHARLES R.L. ESQUIRE
725 N A1A STE E-102
JUPITER FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. 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 - ST - ZIP
P
LEAHY, RICHARD E
1772 NE 25TH TERR
JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-06 561-3423

ATTACHMENT

500.21864
#PO100011104

To Div of Corporation
Unfortunately my
mail was not received
on Pcedline F9M
Sending 150.00

Promptly To Keep
my Corporation Going
Going I have been
a member since 2000
and want to clarify
this situation

Please Reach
my at
561-315-4423
and I will help to
no utmost ability
THANK