

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90023 006 ***150.00

DOCUMENT # P01000121374

1. Entity Name
TRI-TRONICS COMPANY, INC.



Principal Place of Business
**7705 CHERI CT.
TAMPA, FL 33634-2419**

Mailing Address
**P.O. BOX 25135
TAMPA, FL 33622-5135**

00000001



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-2478786

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HACQUEBORD, DAVID G
7705 CHERI CT.
TAMPA, FL 33634-2419**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
GRENFELL, PRISCILLA J
158 SAPODILLA DR.
ISLAMORADA, FL 33036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
HACQUEBORD, DAVID G
4802 WYNWOOD DR.
TAMPA, FL 33615**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIEGELIN, DONALD L
3041 EAGLES LANDING CIRCLE WEST
CLEARWATER, FL 33761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OVERTON, STEPHEN
3121 LAKESTONE DR
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENNIS, DAVID M
575 CORUNDUM HILL RD
FRANKLIN, NC 28734**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID G. HACQUEBORD

1/24/06

813-886-4000