

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043435

FILED
Apr 29, 2004
Secretary of State

Entity Name: TRI-COUNTY WINDOW TREATMENT INSTALLATIONS, INC.

Current Principal Place of Business:

2231 HARVARD AVE
FORT MYERS, FL 33907

New Principal Place of Business:

1423 SE 12TH STREET
CAPE CORAL, FL 33990

Current Mailing Address:

2231 HARVARD AVE
FORT MYERS, FL 33907

New Mailing Address:

1423 SE 12TH STREET
CAPE CORAL, FL 33990

FEI Number: 68-0499782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABALDON, TAMARA D
2231 HARVARD AVE
FORT MYERS, FL 33907

Name and Address of New Registered Agent:

GABALDON, TAMARA D
1423 SE 12TH STREET
CAPE CORAL, FL 33990

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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GABALDON, CANDELARIO
Address: 2231 HARVARD AVE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GABALDON, CANDELARIO A
Address: 1423 SE 12TH STREET
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CANDELARIO A GABALDON

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date