
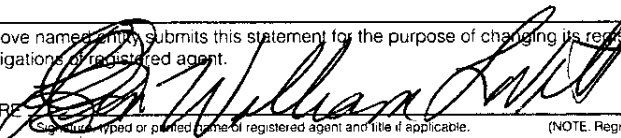


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90060 008 ***150.00

DOCUMENT # P02000050663			
1. Entity Name TRI-COUNTY MACHINE SHOP OF OCALA INC.			
Principal Place of Business 2677 N W 10TH STREET SUITE 5 OCALA FL 34475		Mailing Address 2677 N W 10TH STREET SUITE 5 OCALA FL 34475	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. = 15		Suite, Apt. #, etc. = 15	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LOVETT, WILLIAM D 15273 N E 86TH LANE SILVER SPRINGS FL 34488		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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: 		DATE: 2/10/04	
<small>(Signature typed or printed name of registered agent and title if applicable.)</small> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	

34010040



MOORE CR2E034 (11/03)

4. FEI Number 02-0597553
 Applied For
 Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P	<input type="checkbox"/> Delete
NAME	LOVETT, WILLIAM D	
STREET ADDRESS	15273 N E 86TH LANE	
CITY-ST-ZIP	OCALA FL 34488	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: 2-10-04 (350) 629-5311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #