

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 28, 2004 8:00 am**  
**Secretary of State**

09-28-2004 90001 022 \*\*\*150.00

**DOCUMENT # P02000096788**

1. Entity Name

**TRI-TECH INDUSTRIES, INC.**



Principal Place of Business

**4616 KIMBALL CT. W  
LAKELAND FL 33813**

Mailing Address

**P.O. BOX 5481  
LAKELAND FL 33807-5481**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**51-0431236**

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

**SHIPLEY, JESSE F  
4616 KIMBALL CT. W  
LAKELAND FL 33813**

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 \$550.00  
DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 **PTS** ☐ Delete  
NAME **SHIPLEY, JESSE F**  
STREET ADDRESS **4616 KIMBALL CT. W**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-1-04 863-644-9384**

Attachment  
Doc. # 0200009678 ✓  
Tri-Tech Industries, Inc. 54073504  
P.O. Box 5481  
Lakeland, Fla. 33807-5481  
(863)-644-9384

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September 11, 2004

Attn:

Division of Corporations,

To whom it may concern:

Please be aware that until recently around August first I, DeAnn Shipley Accounts Payable and Billing Department Manager didn't receive your information because there has been a change of employee's for this department. When contacting your office concerning this matter we were advised that there had been a late fee applied we do apologize for the inconvenience of this payment being received late; we are asking that the late fee be waved this time as a customer courtesy. We are sending payment as requested. If there is any problems please contact our office at 863-644-9384 our mailing address is P.O. Box 5481 Lakeland, Fla. 33807-5481. Thank you for your attention to this matter and consideration.

Sincerely,

Jesse F. Shipley, President



DeAnn R. Shipley, Manager

