


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000109623		
1. Entity Name TRI-COUNTY REPAIR & MAINTENANCE, INC.		
Principal Place of Business 870-B SPRING PARK LOOP CELEBRATION, FL 34747		Mailing Address 870-B SPRING PARK LOOP CELEBRATION, FL 34747
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COOPER, GLENN M ESQ. 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI, FL 33126		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent's signature required when reinstating)</small>
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLOWACKI, ARTUR 870-B SPRING PARK LOOP CELEBRATION, FL 34747	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>X</u> <u>ARTUR GLOWACKI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>X</u> <u>7.12.04</u> <small>Date Daytime Phone #</small>



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0748023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/16/04-80003-007 150.00