2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# P02000129462

Entity Name: TRI-CITY ELECTRICAL CONTRACTORS, INC.

Current Principal Place of Business:

430 WEST DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

430 WEST DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 02-0657423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCFARLAND, CHARLES W
430 WEST DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP
Name: OLMSTEAD, JACK A
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV
Name: BORDERICK, F. RANCE
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DVS
Name: HARDEN, N. LYNN JR.
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DVT
Name: MCFARLAND, CHARLES W
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CV
Name: EIDEL, HELMUTH L
Address: 430 WEST DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AS
Name: LULLI, CHERYL A
Address: 316 ULRICH PT
City-St-Zip: SANFORD, FL 32771 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES W. MCFARLAND DVT 01/11/2012

Electronic Signature of Signing Officer or Director Date