

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000099595

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** TRI-COUNTY PLUMBING OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2645 COACHMAN DRIVE  
DELTONA, FL 32738

**New Principal Place of Business:**

1575 CANOPY LANE  
312  
ORANGE CITY, FL 32763

**Current Mailing Address:**

2645 COACHMAN DRIVE  
DELTONA, FL 32725

**New Mailing Address:**

1575 CANOPY LANE  
312  
ORANGE CITY, FL 32763

**FEI Number:** 57-1186160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICLEY, MICHAEL J  
2645 COACHMAN DRIVE  
DELTONA, FL 32738 US

**Name and Address of New Registered Agent:**

NICLEY, MICHAEL J  
1575 CANOPY LANE  
312  
ORANGE CITY, FL 32763 US

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:

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: NICLEY, MICHAEL J PSD  
Address: 1575 CANOPY LANE APT 312  
City-St-Zip: ORANGE CITY, FL 32763

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: MICHAEL J NICLEY

PSD

04/19/2012

Electronic Signature of Signing Officer or Director

Date