

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000035951

1. Entity Name

TRI-COUNTY WATER & WELL SERVICES, INC.



Principal Place of Business

P.O. BOX 191
OKEECHOBEE, FL 34972-0191

Mailing Address

P.O. BOX 191
OKEECHOBEE, FL 34972-0191



02162007

No Chg-P

CR2E034 (11/05)

4. FEI Number

27-0081271

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCORTS, CATHERINE A
18866 NW 83 TR
OKEECHOBEE, FL 34972

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCCORTS, CHARLES D SR
STREET ADDRESS 18866 NW 83 TR
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE V
NAME MCCORTS, CHARLES D JR
STREET ADDRESS 110 SW 5 AVE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE ST
NAME MCCORTS, CATHERINE A
STREET ADDRESS 18866 NW 83 TR
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000730310
05/08/07-80076-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Catherine McCorts