

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000035951

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** TRI-COUNTY WATER & WELL SERVICES, INC.

**Current Principal Place of Business:**

18866 NW 83RD TRAIL  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

18866 NW 83RD TRAIL  
OKEECHOBEE, FL 34972

**New Mailing Address:**

**FEI Number:** 27-0081271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCORTS, CATHERINE A  
18866 NW 83RD TRAIL  
OKEECHOBEE, FL 34972 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:** P  
**Name:** MCCORTS, CHARLES D SR  
**Address:** 18866 NW 83RD TRAIL  
**City-St-Zip:** OKEECHOBEE, FL 34972

**Title:** VP  
**Name:** MCCORTS, CATHERINE  
**Address:** 18866 NW 83RD TRAIL  
**City-St-Zip:** OKEECHOBEE, FL 34972

**Title:** ST  
**Name:** MCCORTS, CHRISTINA M  
**Address:** 802 SW 3RD AVE  
**City-St-Zip:** OKEECHOBEE, FL 34974

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:** CATHERINE MCCORTS

VP

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date