

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90279 049 ***158.75

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1. Entity Name

TRI-COUNTY FAMILY HOMES, INC.



Principal Place of Business

237 COUNTRYSIDE KEY BLVD
OLDSMAR FL 34677

Mailing Address

237 COUNTRYSIDE KEY BLVD
OLDSMAR FL 34677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

55-0869408

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HENDERSON EDWIN J~~
~~2148 CHIAHTI PL #133~~
~~PALM HARBOR FL 34689~~

Name: John Hubbard, Esq

Street Address (P.O. Box Number is Not Acceptable)

595 MAIN STREET

City Duneedin

FL

Zip Code

34698

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]

John Hubbard, Esq. 4-8-05

FILE NOW!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Joseph ZIMMERMAN ☐ Change ☐ Addition
NAME
STREET ADDRESS 237 COUNTRYSIDE KEY BLV.
CITY-ST-ZIP OLDSMAR FL. 34677

TITLE VP Edwin HENDERSON ☐ Change ☐ Addition
NAME
STREET ADDRESS 2219 CATHEDRAL DR.
CITY-ST-ZIP PALM HARBOR, FL. 34683

TITLE S/T ALICE ZIMMERMAN ☐ Change ☐ Addition
NAME
STREET ADDRESS 237 COUNTRYSIDE KEY BLV.
CITY-ST-ZIP OLDSMAR FL. 34677

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05

727-420-9801

Date

Daytime Phone #