

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0500000914**

1. Entity Name  
 TRI-COUNTY TOOL AND SUPPLY, INC.



Principal Place of Business  
 2460 BOSWELL STREET  
 DELTONA, FL 32738-9303 US

Mailing Address  
 2460 BOSWELL STREET  
 DELTONA, FL 32738-9303 US



02172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2101937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STICKELS, BRUCE T  
 2460 BOSWELL STREET  
 DELTONA, FL 32738-9303

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	P STICKELS, BRUCE T 2460 BOSWELL STREET DELTONA, FL 327389303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STICKELS, KATHLEEN M 2460 BOSWELL STREET DELTONA, FL 327389303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000840883  
 03/07/08-80011-017 150.00

**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: Bruce Stickels Bruce Stickels 2/22/08 407-948-4203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #