

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90386 043 \*\*\*150.00

**DOCUMENT # P05000109443**

1. Entity Name  
**TRI-COUNTY ATM, INC.**



Principal Place of Business  
**5470 LYONS ROAD  
306  
COCONUT CREEK, FL 33073**

Mailing Address  
**5470 LYONS ROAD  
306  
COCONUT CREEK, FL 33073**

2. Principal Place of Business  
**2297 S.E. 12 Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**2297 S.E. 12 Street**  
Suite, Apt. #, etc.



03242006 Chg-P CR2E034 (11/05)

City & State  
**Pompano Beach, FL**  
Zip  
**33062** Country

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**Pompano Beach, FL**  
Zip  
**33062** Country

4. FEI Number  
**20-4559339** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KYLE, COLLEEN C  
5470 LYONS ROAD  
306  
COCONUT CREEK, FL 33073**

**7. Name and Address of New Registered Agent**

Name  
**Colleen C. Kyle**  
Street Address (P.O. Box Number is Not Acceptable)  
**2297 S.E. 12 Street**  
City  
**Pompano Beach FL** Zip Code  
**33062**

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 DATE **3/24/04**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P Colleen C. Kyle</b>
STREET ADDRESS	<b>2297 S.E. 12 St.</b>
CITY - ST - ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: DATE **3/24/06** (954) 829-6680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #