

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # P05000133943

1. Entity Name
TRI-CAPITAL CORPORATION



Principal Place of Business

P.O. BOX 69
ALTURAS, FL 33820 US

Mailing Address

P.O. BOX 69
ALTURAS, FL 33820 US



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3572083

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, CATHY J
6160 LEWIS RANCH LANE
ALTURAS, FL 33830

**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

U00000585708
01/16/07-80024-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME LEWIS, CATHY J
STREET ADDRESS 6160 LEWIS RANCH LANE
CITY-ST-ZIP ALTURAS, FL 33830

TITLE VP
NAME LEWIS, DAVID A
STREET ADDRESS 6160 LEWIS RANCH LANE
CITY-ST-ZIP ALTURAS, FL 33830

TITLE T
NAME LEWIS, DALE E
STREET ADDRESS 6160 LEWIS RANCH LANE
CITY-ST-ZIP ALTURAS, FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Cathy J. Lewis - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07 863-537-4545

Date

Daytime Phone