

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90009 013 \*\*\*150.00

<b>DOCUMENT # P06000094537</b>					
<b>1. Entity Name</b> TRI-COUNTY TRANSIT, INC.					
<b>Principal Place of Business</b> 2524 SW 27TH AVE. OCALA, FL 34474			<b>Mailing Address</b> 7298 NW 57TH AVE OCALA, FL 34482		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-5339223	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PREM, BARBARA 6754 N CAPRI LOOP HERNANDO, FL 34442			<b>7. Name and Address of New Registered Agent</b> Name <u>Jeane B. Beauregard</u> Street Address (P.O. Box Number is Not Acceptable) <u>11275 NW 14th Street</u> City <u>Ocala</u> <b>FL</b> Zip Code <u>34482</u>		
<b>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.</b> SIGNATURE <u>Jeane B. Beauregard</u> DATE <u>3/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P/D</b> PREM, BARBARA 6754 N CAPRI LOOP HERNANDO, FL 34442		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP/D Prem, Barbara 6754 N Capri Loop Hernando, FL 34442	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP/D</b> MORGAN, DONNA 7298 NW 57TH AVE OCALA, FL 34482		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Pres/Dir Morgan, Donna 7298 NW 57th Ave Ocala, FL 34482	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Delete]		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Sec/Dir Jeane B. Beauregard 11275 NW 14th St. Ocala, FL 34482	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Delete]		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Tres/Dir Eugene L. Leavenood 7806 Hogan Dr Wake Forest, NC 27587	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Delete]		[Change] [Addition]		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Delete]		[Change] [Addition]		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jeane B. Beauregard</u>			Date <u>3/14/08</u>		Daytime Phone # <u>352-361-3684</u>