

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90010 001 ***150.00

DOCUMENT # P07000029246 1. Entity Name TRI COUNTY INTERAGENCY, INC.			
Principal Place of Business 5100 COCONUT CREEK PARKWAY MARGATE, FL 33063 US		Mailing Address 5100 COCONUT CREEK PARKWAY MARGATE, FL 33063 US	
2. Principal Place of Business - No P.O. Box # 5100 COCONUT CREEK PARKWAY Suite, Apt. #, et al.		3. Mailing Address 5100 COCONUT CREEK PARKWAY Suite, Apt. #, etc.	
City & State Margate, FL		City & State Margate, FL	
Zip 33063		Zip 33063	
Country US		Country US	
4. FEI Number 20-8599458		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Beatrix Redlich Street Address (P.O. Box Number is Not Acceptable) 5100 COCONUT CREEK PARKWAY City Margate FL 33063	
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 X <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 7/16/08 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Executive, Administrator <input type="checkbox"/> Delete NAME Beatrix Redlich STREET ADDRESS 5100 COCONUT CREEK PARKWAY CITY-ST-ZIP Margate, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 7/16/08 <small>DATE</small>	