

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

01-28-2008 90040 037 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000083784	
1. Entity Name TRI-COUNTY RESTAURANTS, INC.	
Principal Place of Business 2700-A NW 43RD ST. GAINESVILLE, FL 32606	Mailing Address 2700-A NW 43RD ST. GAINESVILLE, FL 32606
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLINGER, CHARLES T 2942 SW 91ST TERR. GAINESVILLE, FL 32608	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	
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 reappointing)	
DATE _____	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
PD OLINGER, CHARLES T 2942 SW 91ST TERR. GAINESVILLE, FL 32608	
VDST OYENARTE, BRIAN 2700-A NW 43RD ST. GAINESVILLE, FL 32608	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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: 3/12/08 Devere Phone # 13522565555	