

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000024592

1. Entity Name
TRI-COUNTY INVESTORS, INC.



**FILED
Apr 23, 2004 8:00 am
Secretary of State**

04-23-2004 90259 027 ***150.00

Principal Place of Business
22 LA GARE STREET
PALM COAST, FL 32137 US

Mailing Address
22 LA GARE STREET
PALM COAST, FL 32137 US

2. Principal Place of Business

7 Ave de la Mer
Suite, Apt. #, etc.
806

3. Mailing Address

7 Ave de la Mer
Suite, Apt. #, etc.
806

City & State
Palm Coast FL

City & State
Palm Coast FL

Zip 32137 Country US

Zip 32136 Country US



04092004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3180503

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIBBS, JUDITH L
22 LA GARE STREET
PALM COAST, FL 32137

Name

Street Address (P.O. Box Number is Not Acceptable)

7 Ave de la Mer # 806

City

Palm Coast

FL Zip Code
32137

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GIBBS, JUDITH L 22 LA GARE ST PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/JU, T/S/D Gibbs, Judith L 7 Ave de la Mer #806 Palm Coast FL 32137</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 386-445-1317

Date

Daytime Phone #