

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000076468

1. Entity Name

TRI COUNTY PRINTING INC.



Principal Place of Business

19377 LIBERTY ROAD
BOCA RATON, FL 33434

Mailing Address

19377 LIBERTY ROAD
BOCA RATON, FL 33434

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90403 012 ***150.00

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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0452908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANK, JOSEPH R
19377 LIBERTY ROAD
BOCA RATON, FL 33434

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------|
| TITLE | P |
| NAME | FRANK, JOSEPH R. |
| STREET ADDRESS | 19377 LIBERTY ROAD |
| CITY - ST - ZIP | BOCA RATON, FL |
| TITLE | V |
| NAME | FRANK, GAIL |
| STREET ADDRESS | 19377 LIBERTY ROAD |
| CITY - ST - ZIP | BOCA RATON, FL |
| TITLE | ST |
| NAME | FRANK, LILLIAN |
| STREET ADDRESS | 19377 LIBERTY ROAD |
| CITY - ST - ZIP | BOCA RATON, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JR Frank

Date

561-477-8487

Daytime Phone #