

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019189

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: TRI-COUNTY SWEEPING SERVICES, INC.

**Current Principal Place of Business:**

4900 SW 51ST  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 292457  
DAVIE, FL 33329 US

**New Mailing Address:**

FEI Number: 65-0477678      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVIN, MICHAEL D  
4900 SW 51ST  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: LEVIN, ROBERT E  
Address: 32640 DEQUINDRE RD  
City-St-Zip: WARREN, MI 48092 US

Title: PSTD ( ) Delete  
Name: LEVIN, MICHAEL D  
Address: 4900 SW 51ST STREET  
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete  
Name: LEVIN, RALPH  
Address: 4900 SW 51ST STREET  
City-St-Zip: DAVIE, FL 33314

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LEVIN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

01/08/2008

\_\_\_\_\_ Date