

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019189

FILED  
Jan 10, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL LEVIN

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01/10/2011

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

\_\_\_\_\_ Date