

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000031469

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** TRI-PROPERTIES OF ORLANDO, INC.

**Current Principal Place of Business:**

3405 N. ORANGE BLOSSOM TRAIL  
SUITE 8  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

831 MYSTIC OAK PL  
APOPKA, FL 32712 US

**New Mailing Address:**

PO BOX 916302  
LONGWOOD, FL 32791 US

**FEI Number:** 59-3238626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CICCARELLO, SALVATORE  
831 MYSTIC OAK PL  
APOPKA, FL 32712 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: D  
Name: SALVATORE CICCARELLO  
Address: 831 MYSTIC OAK PL  
City-St-Zip: APOPKA, FL 32712

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: SALVATORE CICCARELLO

D

04/29/2011

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

\_\_\_\_\_  
Date