


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

DOCUMENT # P94000054669					
1. Entity Name TRI-CEP, INC.					
Principal Place of Business 1605 N.W. 22ND STREET GAINESVILLE, FL 32605			Mailing Address 1605 N.W. 22ND STREET GAINESVILLE, FL 32605		
2. Principal Place of Business			3. Mailing Address 6131 Heartland Circle Suite, Apt. #, etc. n/a City & State Tallahassee, Fla. Zip 32312-7504 Country Leon		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3264494	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMYSOR, CHARLOTTE 1605 N.W. 22ND STREET GAINESVILLE, FL 32605 Elaine S. Sherron 6131 Heartland Cir Tallahassee, FL 32312-7504				7. Name and Address of New Registered Agent Name Elaine S. Sherron Street Address (P.O. Box Number is Not Acceptable) 6131 Heartland Cir Tallahassee, City FL Zip Code 32312	
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 <u>Elaine S. Sherron</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP SHERRON, ELAINE S 6131 HEARTLAND CIR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHNELL, PATRICIA S 1931 NW 32ND TERRACE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMYSOR, CHARLOTTE 1605 N.W. 22ND STREET GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMYSOR, CHARLOTTE 1605 N.W. 22ND STREET GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMYSOR, CHARLOTTE 1605 N.W. 22ND STREET GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
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: <u>Elaine S. Sherron</u> <u>Apr. 4, 2005</u> <u>(850) 893-6051</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					