

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000054669

1. Entity Name
TRI-CEP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 26 AM 9:58

Principal Place of Business
1605 N.W. 22ND STREET
GAINESVILLE, FL 32605

Mailing Address
6131 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312-7504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3264494

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERRON, ELAINE S
6131 HEARTLAND CT.
TALLAHASSEE, FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 DP ☐ Delete
NAME SHERRON, ELAINE S
STREET ADDRESS 6131 HEARTLAND CIR
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE DS ☐ Delete
NAME SCHNELL, PATRICIA S
STREET ADDRESS 1931 NW 32ND TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE DT ☐ Delete
NAME SMYSOR, CHARLOTTE
STREET ADDRESS 1605 N.W. 22ND STREET
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300071915773
04/26/06--01001--020 **372.50

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Elaine S. Sherron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2006 (850) 893-6851
Date Daytime Phone #

Elaine S Sherron

11260