2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000002672

Entity Name: TRI COLINITY MANAGEMENT INC

FILED Apr 26, 2005 Secretary of State

Entity Nar	ne: TRI-COU	NTY MANAGEMENT, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	92ND TERRA PRINGS, FL 3				
Current Mailing Address:			New Mailing Address:		
PO BOX 94 CORAL SF	494 PRINGS, FL 3:	3075			
FEI Number:	65-0548759	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	ALAN 92ND TERRA PRINGS, FL 3	·			
The above in the State		submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () LEFORT, ALAN 4300 NW 92NE CORAL SPRING	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

Title: VP () Delete Title: (X) Change () Addition

LEFORT, JUOY J LEFORT, JUDY J Name: Name: Address: 4300 NW 92 TERRACE Address: 4300 NW 92 TERRACE POMPANO BEACH, FL 33065 City-St-Zip: POMPANO BEACH, FL 33065 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUDY J LEFORT VΡ 04/26/2005