2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000092613

1. Entity Name

TRI-COUNTY RECORDS MANAGEMENT CENTER, INC.



FILED Apr 14, 2008 08:00 All Secretary of State

Principal Place of Business

416 NW 7TH ST OCALA, FL 34475 Mailing Address

416 NW 7TH ST

OCALA, FL 34475 US



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04112008 No Chg-P Applied For 4. FEI Number 59-3423424 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, JAMES D 416 NW 7TH ST OCALA, FL 34475

DO NOT WRITE IN THIS SPACE

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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE						
	E NOWII! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			U00000894848	
TITLE	DP			•	04/24/08-80045-005	150.00
NAME	HALL, JAMES D				0 1/2 1/ 00 000 10 000	1.00,00
STREET ADDRESS	416 NW 7TH ST				•	,
CITY-ST-ZIP	OCALA, FL 34475			` ,		
TITLE	DST		, , ,	artini di Salah da S		
NAME	CARROLL, BRENDA L					
STREET ADDRESS	416 NW 7TH ST			• .	•	
CITY-ST-ZIP	OCALA, FL 34475				•	
TITLE	DVP					•
NAME	HALL, MARY K		• .	.17		
STREET ADDRESS 416 NW 7TH ST			DO NOT WRITE			
CITY-ST-ZIP OCALA, FL 34475			DO NOT WRITE			
TITLE				INI '	THIS SPACE	
NAME				117	THIS SPACE	
CIDEET ADDRESS					f •	

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP