2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000094690

1. Entity Name
TRI-COUNTY WATER TREATMENT SPECIALISTS, INC.

Principal Place of Business	Mailing Address
1678 S. 8TH ST., G7 FERNANDINA BCH, FL 32034	P.O. BOX 16355 FERNANDINA BCH, FL 32035

DO NOT WRITE IN THIS SPACE

02072006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3540950	Applied For
	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. *Name and Address of Current Registered Agent*

MORRELL, CHARLES R
1920 STERLING LANE
FERNANDINA BCH, FL 32034

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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	PRES
NAME	MORRELL, CHARLES R
STREET ADDRESS	1920 STERLING LANE
CITY-ST-ZIP	FERNANDINA BCH, FL 32034

TITLE	VP
NAME	MORRELL, LINDA S
STREET ADDRESS	1920 STERLING LANE
CITY-ST-ZIP	FERNANDINA BCH, FL 32034

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

JINN000426002
02/20/06-80026-007 150.00

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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: *Linda S. Morrell* Linda S. morrell 2/7/06 (904)261-7998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #