

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90353 029 ***158.75

DOCUMENT # P99000067973

1. Entity Name

TRI GEORGIA COMMUNICATIONS, INC.



Principal Place of Business

4360 NORTHLAKE BLVD
203
PALM BEACH GARDENS FL 33410

Mailing Address

4360 NORTHLAKE BLVD
203
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0945958

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

LUCZKOWIEC, ARTHUR
4360 NORTHLAKE BLVD
203
PALM BEACH GARDENS FL 33410

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME PASULA, MARK J
STREET ADDRESS 15865 79TH TERRACE N.
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME LUCZKOWIEC, ARTHUR
STREET ADDRESS 120 DAY LILY DR
CITY-ST-ZIP JUPITER FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME SZPREGLEWSKI, MICHAL
STREET ADDRESS 4953 PALM BROOK CIR., APT 5
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME BORKOWSKI, LESZEK
STREET ADDRESS 4938 PALM BROOKE CIR
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR LUCZKOWIEC

Date

04/28/04

Daytime Phone #