2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067973

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WEST PALM BEACH, FL 33417

WEST PALM BEACH, FL 33417

BORKOWSKI, LESZEK

4938 PALM BROOKE CIR

(X) Delete

Entity Name: TRI GEORGIA COMMUNICATIONS, INC

FILED Apr 07, 2005 Secretary of State

•						
Current Principal Place of Business:				New Principal Place of Business:		
4360 NORTHLAKE BLVD				4966 BONSAI CIRCLE		
203 PALM BEACH GARDENS, FL 33410				200 PALM BEACH GARDENS, FL 33418		
Current Mailing Address:				New Mailing Address:		
4360 NORTHLAKE BLVD				4966 BONSAI CIRCLE		
203 PALM BEACH GARDENS, FL 33410				200 PALM BEACH GARDENS, FL 33418		
FEI Number: 65-0945958 FEI Number Applied For ()		FEI Nur	umber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LUCZKOWIEC, ARTHUR 4360 NORTHLAKE BLVD				LUCZKOWIEC, ARTHUR 4966 BONSAI CIRCLE		
203 PALM BEACH GARDENS, FL 33410 US				200 PALM BEACH GARDENS, FL 33418 US		
	named entity of Florida.	submits this statement for the	purpose c	of changing i	ts registere	ed office or registered agent, or both,
SIGNATURE:				04/07/2005		
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PASULA, MAR 15865 79TH TI			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	LUCZKOWIEC 120 DAY LILY JUPITER, FL	DR 33458		Title: Name: Address: City-St-Zip:	1825 FLOV PALM BEA	(X) Change () Addition PIEC, ARTHUR PUER DRIVE CH GARDENS, FL 33410
Title: Name:	SZPREGLEWS) Delete SKI, MICHAL ROOK CIR APT 5		Title: Name:		(X) Change()Addition EWSKI, MICHAL SALCIRCLE

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PALM BEACH GARDENS, FL 33418

() Change () Addition

SIGNATURE: ARTHUR LUCZKOWIEC P 04/07/2005