


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000082696 1. Entity Name TRI-COUNTY KITCHEN REFACING, INC.	
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Principal Place of Business 999 CATTLEMAN ROAD E SARASOTA, FL 34232	Mailing Address 999 CATTLEMAN ROAD E SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0944418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, RICK
143 DAVINCI DRIVE
NOKOMIS, FL 34276**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000401530 02/02/06-80048-009 158.75
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, RICKY H 143 DAVINCI DRIVE NOKOMIS, FL 34275	
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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: _____ **1/23/06** **918-342-9883**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #