2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S49560

1. Entity Name

TRI-COUNTY O.H. DOOR SALES, INC.



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

Principal Place of Business

Mailing Address

1110 EAST AMBERIACK HERNANDO, FL 34442 US 1110 EAST AMBERIACK HERNANDO, FL 34442

us



DO NOT WRITE IN TI	HIS SPACE
--------------------	-----------

plicable
<i>x</i> , o,
f For

5. Certificate of Status Desired

01032008

\$8.75 Additional Fee Required

CR2E034 (11/05)

Name and Address of Current Registered Agent
 NAVID H.

PEEK, DAVID H. 1609 GULF LIFE TOWER JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

No Chg-P

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	e required when reinfaltating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Cam Trust Fund Cam			cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SADLER, JOSEPHINE D 1110 EAST AMBERJACK HERNANDO, FL				U00000896874 04/25/08-80026-004 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		į		DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
40	and the state of the first and the state of the state of the	in a decay and accept to the same		stained in Chapter 110	Elected Statutes I further continue that the information				

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.

Q1	C	M	Δ1	F1 1	D	E :
O I	u	м	^	··	Т	⊏.

Josephine D. Sadler Josephine D. SADLES SIGNATURE AND TYPED OR PRINTED MAINE OF SIGNING OFFICER OR DIRECTOR

4/10/08

3527260072

Daytime Phone #