


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # V64716 1. Entity Name TRI-C MORTGAGE CORP.	
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Principal Place of Business 4800 SW 64TH AVE. #110 DAVIE, FL 33314	Mailing Address 4800 SW 64TH AVE SUITE 110 DAVIE, FL 33314 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0356531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARROLL, HOWARD L
4800 SW 64TH AVENUE
SUITE 110
DAVIE, FL 33314

**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARROLL, HOWARD L. 4800 SW 64TH AVE., #110 DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COOK, LORETTA D. 4800 SW 64TH AVE., #110 DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COVINGTON, DEANA LYN 4800 SW 64TH AVE., #110 DAVIE, FL
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01/06/05-80010-004 150.00

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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: Deana L. Covington 1-5-05 954-581-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Deana L. Covington