

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V64716

1. Entity Name
TRI-C MORTGAGE CORP.



Principal Place of Business
4800 SW 64TH AVE.
#110
DAVIE, FL 33314

Mailing Address
4800 SW 64TH AVE
SUITE 110
DAVIE, FL 33314 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0356531

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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01/10/06-80015-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Deana L. Covington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEANA L. COVINGTON

1-6-06 954-581-1660