

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 446047

1. Entity Name
TRI-SURE CORPORATION



Principal Place of Business
**709 PINE ROAD
AUBURDALE, FL 33823 US**

Mailing Address
**POST OFFICE BOX 653
AUBURDALE, FL 33823 US**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1498145

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHAMBERS, JAMES H
2024 ARIANA BLVD
AUBURDALE, FL 33823**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P.
NAME	CHAMBERS, JASON T
STREET ADDRESS	P. O. BOX 231
CITY-ST-ZIP	AUBURDALE, FL 33823
TITLE	STD
NAME	CHAMBERS, GLENDA M
STREET ADDRESS	2024 LAKE ARIANA BLVD
CITY-ST-ZIP	AUBURDALE, FL 33823
TITLE	D
NAME	CHAMBERS, JAMES H
STREET ADDRESS	2024 LAKE ARIANA BLVD.
CITY-ST-ZIP	AUBURDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000802324
02/01/08-80055-010-150.00

**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:

Glenda M. Chambers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenda M. Chambers

1/25/08

Date

863-967-5506

Daytime Phone #