

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 446047

FILED  
Feb 10, 2010  
Secretary of State

Entity Name: TRI-SURE CORPORATION

**Current Principal Place of Business:**

709 PINE ROAD  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 653  
AUBURNDALE, FL 33823 US

**New Mailing Address:**

FEI Number: 59-1498145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAMBERS, JAMES H  
2024 ARIANA BLVD  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHAMBERS, JASON T  
Address: P. O. BOX 231  
City-St-Zip: AUBURNDALE, FL 33823 US

Title: STD  
Name: CHAMBERS, GLENDA M  
Address: 2024 LAKE ARIANA BLVD  
City-St-Zip: AUBURNDALE, FL 33823

Title: D  
Name: CHAMBERS, JAMES H  
Address: 2024 LAKE ARIANA BLVD.  
City-St-Zip: AUBURNDALE, FL 33823

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENDA M. CHAMBERS

SEC

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date