



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 01, 2006 08:00 A
Secretary of State

DOCUMENT # F05000002530 1. Entity Name TRY HOLDINGS, INC.		
Principal Place of Business 2011 W. PLATT STREET TAMPA, FL 33606		Mailing Address 2011 W. PLATT STREET TAMPA, FL 33606
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR 2640 GOLDEN GATE PKWY., STE. 205 NAPLES, FL 34105		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		05/13/06-80119-023 150.00
TITLE	PSTD	DO NOT WRITE IN THIS SPACE
NAME	YOUNG, THOMAS R III	
STREET ADDRESS	2011 W. PLATT STREET	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  3.17.06 813.251.1075		Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #