

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90039 026 ***150.00

DOCUMENT # F05000006876

1. Entity Name

TRISON TECHNOLOGY SERVICES, INC.



Principal Place of Business

209 DEERWOOD ROAD
SAVANNAH GA 31410

Mailing Address

5500 ABERCORN STREET, SUITE 32-226
SAVANNAH GA 31405



2. Principal Place of Business - No P.O. Box #

130 CANAL ST

Suite, Apt. #, etc.

Ste 303

3. Mailing Address

130 CANAL ST

Suite, Apt. #, etc.

Ste 303

1st MOORE

CR2E034 (10/06)

City & State
Pooler GA

City & State
Pooler GA

4. FEI Number 55-0827505

Applied For

Not Applicable

Zip
31322

Country
USA

Zip
31322

Country
USA

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

6. Name and Address of Current Registered Agent

DUNFORD, WILLIAM
938 WINGATE TRAIL
PORT ORANGE FL 32128

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CDPS
TORRES, JOSEPH V
209 DEERWOOD ROAD
SAVANNAH GA 31410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TORRES, JOSEPH V
209 DEERWOOD ROAD
SAVANNAH GA 31410 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph V. Torres President

3/9/07

912.330.9597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #