


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000000233	
1. Entity Name TRIUS PROPERTIES, INC.	

Principal Place of Business 112 KROG STREET SUITE 10 ATLANTA, GA 30307	Mailing Address 112 KROG STREET SUITE 10 ATLANTA, GA 30307
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2081792	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301

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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PRESSLEY, ADRIAN W 218 CHURCH ST. MARIETTA, GA 30060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WINSHIP, BLANTON C 3936 CLUB DRIVE ATLANTA, GA 303191112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSHIP, H. DILLON III 1103 HAZELTINE LANE KENNESAW, GA 301524742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORRIS, MARGARET M 25 SPRING VALLEY DRIVE COVINGTON, GA 300168239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/04-80006-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Margaret M. Morris, Secretary</u>	Date: <u>1/9/04</u>	Daytime Phone #: <u>404-624-5531</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		