2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State 01-23-2004 90019 002 ***150.00

DOCUMENT # G96639 1. Enlity Name TRI-REGENCY INC.								01-23-2004	90019 00)2 ***15	50.00
Principal Place	e of Busines:	s		Mailing Address			7	ν.			•-
2699 LEE ROAD				PO BOX 65				•			
SUITE 415	K EL 2279	0		ALEXANDRIA BAY, NY	13607						
WINTER PARK, FL 32789											AI ss II
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01092004	Chg-P	CR2E03	4 (10/03)	
City & State				City & State		4. FEI Numbe 59-2414				oplied For ot Applicable	
_Zip	Zip Country		J	Zip Count		itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current				istered Agent	[7. Name and Address of New Registered Agent					
o, runo and radioge of our on troganica regard						Name					
	ER, BOB LEE ROAD					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 415 WINTER PARK, FL 32789								<u> </u>			
WHITEIN AIN, I'E OF 100						City			FL	Zip Cod	le .
9 The above	named entit	hy cultimite this e	tatement for th	a nurnose of changing its	register	ed office or registe	ared agent, or hot	h in the State of Ek		miliar with	and accept "
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 2004 Fee will be \$550.00 Trust Fund Contribution.							5.00 May Be			[] Later	(1) 1.71
	4										
10.	OFFICERS AND DIRECTORS				11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				
TITLE NAME	P Delete TITL JONES, DAVE					I				Change	☐ Addition
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CITY-ST-ZIP						-ST-ZIP			·		
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NAME STREET ADDRESS						EET AODRESS					
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NAME					NAM	EET AODRESS			•		
STREET ADDRESS CITY-ST-ZIP						'-ST-ZIP		* 17 ***	g.	5 F	Art Ser May
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CITY-ST-ZIP		<u> </u>			_	'-ST-ZIP					
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CITY-ST-ZIP			<u> </u>	and the second of the second of	CITY	r:ST-ZIP		s sign	ं । हैता कार्यक्रिक्ट	٠, ٠,	te action of
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 en this report of plemental 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											
indicated on this report of planental 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 proporation or the receiper of 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											r Block 11 if