

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M97765

Entity Name: TRI-POINT PRODUCTS, INC.

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6998 SE SLEEPY HOLLOW LANE  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

6998 SE SLEEPY HOLLOW LANE  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 65-0066261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARKER, BRUCE  
6998 SE SLEEPY HOLLOW LANE  
STUART, FL 34997 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PARKER, BRUCE  
Address: 6998 SE SLEEPY HOLLOW LANE  
City-St-Zip: STUART, FL 34997

Title: D  
Name: PARKER, SUE  
Address: 6998 SE SLEPPY HOLLOE LANE  
City-St-Zip: STUART, FL 34997

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: BRUCE PARKER

D

01/27/2011

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

\_\_\_\_\_  
Date