

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43420

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: TRI-DISTRICT INTERGROUP, INC.

## Current Principal Place of Business:

PLAZA BLDG  
3300 N. PACE, STE 322  
PENSACOLA, FL 32505

## New Principal Place of Business:

## Current Mailing Address:

PLAZA BLDG  
3300 N. PACE, STE 322  
PENSACOLA, FL 32505

## New Mailing Address:

FEI Number: 59-2914891      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MARCHESSEAU, PAUL A  
3300 NORTH PACE BLVD.  
STE 322  
PENSACOLA, FL 32505 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: T ( ) Delete  
Name: CHARLETTE, HOOKS  
Address: 3044 BRIGANTIME DR.  
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete  
Name: COLLINS, CHRIS  
Address: 2841 VIA ROMA CT.  
City-St-Zip: GULF BREEZE, FL 32563

Title: D3 ( ) Delete  
Name: PORTER, THOMAS  
Address: 4960 HWY 90 # 147  
City-St-Zip: PACE, FL 32571

Title: S ( ) Delete  
Name: HARRIS, LINDA  
Address: 3260 TALLSHIP LANE  
City-St-Zip: PENSACOLA, FL 32526

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCREYNOLDS, MATT  
Address: 3105 ORIOLE DR.  
City-St-Zip: GULF BREEZE, FL 32563

Title: D3 (X) Change ( ) Addition  
Name: ANNETTE, O'FERRELL  
Address: 571 FILLY CT.  
City-St-Zip: CANTOMONT, FL 32533

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL A MARCHESSEAU

RA

03/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date