

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90014 046 \*\*\*150.00

DOCUMENT # P00000005923

1. Entity Name

TRI-STAR DIVERSIFIED INDUSTRIES, INC.



Principal Place of Business

P.O. BOX 1022  
LIVE OAK FL 32064

Mailing Address

P.O. BOX 1022  
LIVE OAK FL 32064



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3621043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREVATT, JAMES W JR  
105 N OHIO AVE  
LIVE OAK FL 32060

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
ST  
RODDENBERRY, LINDA ☒ Delete  
STREET ADDRESS  
P.O. BOX 1022  
CITY - ST - ZIP  
LIVE OAK FL 32064

TITLE  
NAME  
ST  
Wainwright, Shera D ☐ Change ☒ Addition  
STREET ADDRESS  
PO Box 6014  
CITY - ST - ZIP  
Live Oak, FL 32064

TITLE  
NAME  
P  
WAINWRIGHT, DONALD SR ☐ Delete  
STREET ADDRESS  
PO BOX 6014  
CITY - ST - ZIP  
LIVE OAK FL 32064

TITLE  
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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:

*Linda Roddenberry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07

Date

386-364-1062

Daytime Phone \*