


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000096436</b>	
1. Entity Name <b>TRISTA, INC.</b>	

Principal Place of Business <b>118 CAMELOT DRIVE W PALATKA, FL 32177-8556 US</b>	Mailing Address <b>118 CAMELOT DRIVE W PALATKA, FL 32177-8556 US</b>
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04192006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3676746</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HERMAN, F.E. 118 CAMELOT DRIVE W PALATKA, FL 32177-8556</b>
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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. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERMAN, F.E. 118 CAMELOT DRIVE W PALATKA, FL 321778568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERMAN, A M 118 CAMELOT DRIVE W PALATKA, FL 321778556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINSON, LARRY C PO BOX 413 CRESCENT CITY, FL 321120413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINSON, BRENDA PO BOX 413 CRESCENT CITY, FL 321120413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRIS, DONNA F 118 CAMELOT DRIVE W PALATKA, FL 321778556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERIDAN, CATHERINE M 118 CAMELOT DRIVE W PALATKA, FL 321778556

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <b>A.M. HERMAN (SD)</b>	<b>04/20/06</b>	<b>386-325-3950</b>
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