

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096436

Entity Name: TRISTA, INC.

FILED  
Apr 25, 2007  
Secretary of State

## Current Principal Place of Business:

118 CAMELOT DRIVE W  
PALATKA, FL 321778556 US

## New Principal Place of Business:

## Current Mailing Address:

118 CAMELOT DRIVE W  
PALATKA, FL 321778556 US

## New Mailing Address:

FEI Number: 59-3676746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERMAN, F.E.  
118 CAMELOT DRIVE W  
PALATKA, FL 321778556 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HERMAN, F.E.  
Address: 118 CAMELOT DRIVE W  
City-St-Zip: PALATKA, FL 321778566

Title: SD ( ) Delete  
Name: HERMAN, A M  
Address: 118 CAMELOT DRIVE W  
City-St-Zip: PALATKA, FL 321778556

Title: VD ( ) Delete  
Name: HINSON, LARRY C  
Address: PO BOX 413  
City-St-Zip: CRESCENT CITY, FL 321120413

Title: VD ( ) Delete  
Name: HINSON, BRENDA  
Address: PO BOX 413  
City-St-Zip: CRESCENT CITY, FL 321120413

Title: VD ( ) Delete  
Name: MORRIS, DONNA F  
Address: 118 CAMELOT DRIVE W  
City-St-Zip: PALATKA, FL 321778556

Title: VD ( ) Delete  
Name: SHERIDAN, CATHERINE M  
Address: 118 CAMELOT DRIVE W  
City-St-Zip: PALATKA, FL 321778556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HERMAN A M

SD

04/25/2007

Electronic Signature of Signing Officer or Director

Date