


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000019302		
1. Entity Name TRI-STATE HOSPITALITY, INC.		
Principal Place of Business 1700 MCCOY ROAD ORLANDO, FL 32809	Mailing Address 1700 MCCOY ROAD ORLANDO, FL 32809	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent REDDY, KOTAMREDDY R 1700 MCCOY ROAD ORLANDO, FL 32809		DO NOT WRITE IN THIS SPACE
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: <u><i>Kotamreddy R Reddy</i></u> (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REDDY, KOTAMREDDY R 1700 MCCOY ROAD ORLANDO, FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SRIDHARAN, PALUR V 1320 WEAVER ST. RAWLINS, WY 82301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REDDY, VEMULA S 2044 OAK GLEN DR. MCGREGOR, TX 76657	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Kotamreddy R Reddy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-24-05 <small>Date</small>



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3699907	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000197704
01/27/05-80021-021 150.00

**DO NOT WRITE
IN THIS SPACE**