

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90319 030 \*\*\*150.00

**DOCUMENT # P01000033750**

1. Entity Name  
**TRI-STATE INVESTMENT TRUST, INC.**



Principal Place of Business  
1249 NORTH ORANGE AVE  
ORLANDO, FL 32804

Mailing Address  
1249 NORTH ORANGE AVE  
ORLANDO, FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number  
22-3797358

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

FREEMAN, BARBARA  
1249 NORTH ORANGE AVE  
ORLANDO, FL 32804

Name **MICHELLE QUATRALE**

Street Address (P.O. Box Number is Not Acceptable)  
**1249 N. ORANGE AVE**

City

**ORLANDO**

**FL**

Zip Code

**32804**

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 *Michelle Quatrala*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PARRETT, JOHN E  
1249 NORTH ORANGE AVE  
ORLANDO, FL 32804 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
VARGAS, DANNY  
~~8075 READING RD~~ address  
CINCINNATI, OH 45237 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
VARGAS, DANNY  
7990 READING ROAD, SUITE 4  
CINCINNATI, OH 45237 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PS  
VARGAS, DANNY  
~~8075 READING RD #405~~ address  
CINCINNATI, OH 45237 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P.S  
VARGAS, DANNY  
7990 READING ROAD, SUITE 4  
CINCINNATI, OH 45237 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
WINN, CHRISTOPHER  
8075 READING ROAD  
CINCINNATI, OH 45237 SPELLING ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
GUINN, CHRISTOPHER  
7990 READING ROAD, SUITE 4  
CINCINNATI, OH 45237 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *John E. Parrett* **JOHN E. PARRETT** **4/26/04** **(407) 422-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #