
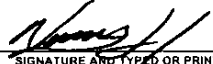


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90049 037 ***150.00

DOCUMENT # P01000095389 1. Entity Name TRISTAN'S CONSTRUCTION INC.					
Principal Place of Business 4241 BAY MEADOWS ROAD STE 20 JACKSONVILLE, FL 32217			Mailing Address 1526 UNIVERSITY BLVD STE 102 JACKSONVILLE, FL 32217		
2. Principal Place of Business - No P.O. Box # 10536 HOOD RD SOUTH		3. Mailing Address 10536 HOOD ROAD SOUTH			
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE FL		4. FEI Number 59-3749141	
Zip 32257		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRISTAN, NORBERTO 4241 BAY MEADOWS RD STE 20 JACKSONVILLE, FL 32217 10536 HOOD ROAD SOUTH STE 101 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME TRISTAN, NORBERTO		TITLE P		
STREET ADDRESS 4241 BAYMEADOWS RD STE 20		NAME TRISTAN, NORBERTO			
CITY-ST-ZIP JACKSONVILLE, FL 32217		STREET ADDRESS 11294 KINROSE CT			
CITY-ST-ZIP JACKSONVILLE, FL 32257		CITY-ST-ZIP JACKSONVILLE, FL 32257			
TITLE VP	NAME LAURA, TRISTAN		TITLE VP		
STREET ADDRESS 11294 KINROSE CT		NAME LAURA, TRISTAN			
CITY-ST-ZIP JACKSONVILLE, FL 32257		STREET ADDRESS 11294 KINROSE CT			
CITY-ST-ZIP JACKSONVILLE, FL 32257		CITY-ST-ZIP JACKSONVILLE, FL 32257			
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 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE:  1/23/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		