



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000091927		
1. Entity Name TRISTRAM ENTERPRISES, INC.		
Principal Place of Business 1180 SPRING CENTRE SOUTH BLVD. SUITE 203 ALTAMONTE SPRINGS, FL 32714		Mailing Address 1180 SPRING CENTRE SOUTH BLVD. SUITE 203 ALTAMONTE SPRINGS, FL 32714
DO NOT WRITE IN THIS SPACE		
		
		04252005 No Chg-P CR2E034 (10/03)
4. FEI Number 56-2341677		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JABBARI, MIKE 1180 SPRING CENTRE SOUTH BLVD. SUITE 203 ALTAMONTE SPRINGS, FL 32714		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
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
		U00000348173 05/02/05-80014-018 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COFFIN, JAMES N 1180 SPRING CENTRE SOUTH BLVD. SUITE 203 ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COFFIN, JAMES P 1180 SPRING CENTRE SOUTH BLVD. SUITE 203 ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COFFIN, LEONIE D 1180 SPRING CENTRE SOUTH BLVD. ALTAMONTE SPRINGS, FL 32714	
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)(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: <u>James N. Coffin, President</u>		321-228-4699 4-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone