

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091927

Entity Name: TRISTRAM ENTERPRISES, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

1180 SPRING CENTRE SOUTH BLVD.
SUITE 203
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1180 SPRING CENTRE SOUTH BLVD.
SUITE 203
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 56-2341677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JABBARI, MIKE
1180 SPRING CENTRE SOUTH BLVD.
SUITE 203
ALTAMONTE SPRINGS, FL 32714 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: P () Delete
Name: COFFIN, JAMES N
Address: 1180 SPRING CENTRE SOUTH BLVD. SUITE 203
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: COFFIN, JAMES P
Address: 1180 SPRING CENTRE SOUTH BLVD. SUITE 203
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ST () Delete
Name: COFFIN, LEONIE D
Address: 1180 SPRING CENTRE SOUTH BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE JABBARI

REG

04/28/2006

Electronic Signature of Signing Officer or Director

Date