

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90071 042 ***150.00

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1. Entity Name

TRI-STAR PROPERTY SERVICES, INC.



Principal Place of Business

3636 CARDINAL POINT DRIVE
JACKSONVILLE FL 32257
US

Mailing Address

3636 CARDINAL POINT DRIVE
JACKSONVILLE FL 32257
US

50031009



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

7855 ARGYLE FOREST BLVD

Suite, Apt. #, etc.

SUITE 402

City & State

JACKSONVILLE, FL

Zip

32244

Country

FLORIDA

3. Mailing Address

7855 ARGYLE FOREST BLVD

Suite, Apt. #, etc.

SUITE 402

City & State

JACKSONVILLE, FL

Zip

32244

Country

FLORIDA

4. FEI Number

20-0377330

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, WILLIAM K
3636 CARDINAL POINT DRIVE
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME JONES, WILLIAM K
STREET ADDRESS 3636 CARDINAL POINT DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME JONES, WILLIAM K.
STREET ADDRESS 7855 ARGYLE FOREST BLVD # 402
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE
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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:

W. Kyle Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-05 904) 730-8060

Date

Daytime Phone #