


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90012 006 ***150.00

DOCUMENT # P03000130134			
1. Entity Name TRI-STAR CAPITAL & TRUST CORPORATION			
Principal Place of Business 1915 FIREFERN COURT TRINITY, FL 34655 <i>5328 Trouble Creek Rd New Port Richey, FL 34652</i>		Mailing Address 1915 FIREFERN COURT TRINITY, FL 34655 <i>change also</i>	
2. Principal Place of Business <i>5328 Trouble Creek Rd</i>		3. Mailing Address <i>same as #2</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>New Port Richey, FL</i>		City & State	
Zip <i>34652</i>	Country <i>US</i>	Zip	Country

34037460



03032004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0394539** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent RYZOWICZ, MICHELLE M 1915 FIREFERN COURT TRINITY, FL 34655		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 M. Ryzowicz, President* DATE *4/19/04*
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	PVST RYZOWICZ, MICHELLE M 1915 FIREFERN COURT TRINITY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYZOWICZ, MICHELLE M 1915 FIREFERN COURT TRINITY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michelle M. Ryzowicz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date Daytime Phone #