

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

10/2

7/25/2005-90097-038-\$158.75-\$158.75

DOCUMENT # P04000147772

1. Entity Name
TRI-ARK, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 18 AM 11:23



1st MOORE CR2E034 (10/04)

Principal Place of Business
**3870 N ANDREWS AVE APT 205
OAKLAND PARK FL 33309**

Mailing Address
**3870 N ANDREWS AVE APT 205
OAKLAND PARK FL 33309**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
37-1499308

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSS-SHAW, DIANA C 5200 NE 14TH WAY #303 FORT LAUDERDALE FL 33334		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 _____ (NOTE: Registered Agent signature required when reappointing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, RAY 3870 N ANDREWS AVE APT 205 OAKLAND PARK FL 33309 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ray Sharp, President* 7-19-05 954-630-1505
DATE: _____ DAYTIME PHONE: _____

August 16, 2005
2 of 2

Mr Gary Blankenbaker,

I spoke with you today & you advised me
to put this letter to your attention.

I did not receive the 1st notice
regarding the 2005 Corporate Annual report.

I would like to request a waiver of
the late fee of \$400.⁰⁰ because of this.

Thank you.

Respectfully
Ray Shamp
TRI-ARK INC
President

Reference Number
PO 4000147772