

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147772

Entity Name: TRI-ARK, INC.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

3870 N ANDREWS AVE APT 205
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

3870 N ANDREWS AVE APT 205
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 37-1499308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS-SHAW, DIANA C
5200 NE 14TH WAY #303
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

SHARP, RAY
3870 N ANDREWS AVE APT 205
OAKLAND PARK, FL 33309 US

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: RAY SHARP

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHARP, RAY
Address: 3870 N ANDREWS AVE APT 205
City-St-Zip: OAKLAND PARK, FL 33309

Title: VP () Delete
Name: SHARP, STEVEN L
Address: 1950 FARNWORTH LANE #209
City-St-Zip: NORTHBROOK, IL 60062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RAY SHARP

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date