


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90072 047 \*\*\*150.00

<b>DOCUMENT # P06000133605</b>	
1. Entity Name TRISTAR LOGISTICS, INC.	

Principal Place of Business 157 VALENCIA RD NW WEST MELBOURNE, FL 32904	Mailing Address 157 VALENCIA RD NW WEST MELBOURNE, FL 32904
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
05042007	Chg-P CR2E034 (12/06)
4. FEI Number 20-5835838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, CATHY S 157 VALENCIA RD NW WEST MELBOURNE, FL 32904		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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, CATHY S 157 VALENCIA RD NW WEST MELBOURNE, FL 32904 <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	VP SMITH, PATRICK A 157 VALENCIA RD NW WEST MELBOURNE, FL 32904 <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Cathy S. Smith CATHY S. Smith 4-18-07 321-953-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/20/2007-90072-047-\$150.00-\$150.00

**DOCUMENT # P06000133605**

1. Entity Name  
**TRISTAR LOGISTICS, INC.**



Principal Place of Business  
**157 VALENCIA RD NW  
WEST MELBOURNE, FL 32904**

Mailing Address  
**157 VALENCIA RD NW  
WEST MELBOURNE, FL 32904**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202007

Chg-P

CR2ED34 (12/06)

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, CATHY S  
157 VALENCIA RD NW  
WEST MELBOURNE, FL 32904**

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 releasing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
SMITH, CATHY S  
157 VALENCIA RD NW  
WEST MELBOURNE, FL 32904** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
SMITH, PATRICK A  
157 VALENCIA RD NW  
WEST MELBOURNE, FL 32904** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS  
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SIGNATURE

*Cathy S. Smith* **CATHY S. Smith**

4-18-07

321-953-2228

Date

Daytime Phone

ATTACHMENT  
COPY



ATTACHMENT

66013337

May 4, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fla. 32302-1500

Re : Amended Annual Report  
For TRISTAR LOGISTICS, INC.  
Document # P06000133605

Addition of Fed. ID # 20-5835838

Dear Sir,

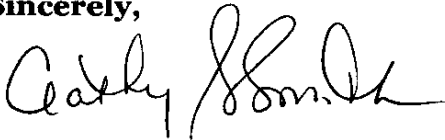
Enclosed you will find a corrected Annual Report with a federal Employers ID number.

I am so sorry I forgot to put the number on the original report that I filed in April.

I have enclosed a copy of the letter that was sent to me, so that there will be no penalties charged to TRISTAR LOGISTICS, INC..

Again, I am sorry, I will pay better attention next year.

Sincerely,



Cathy Smith  
Owner - TRISTAR LOGISTICS, INC.