

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079358

Entity Name: TRYZEL, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

1324 CAROLINA AVE.  
SAINT CLOUD, FL 34769

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 702652  
SAINT CLOUD, FL 34770

## New Mailing Address:

1324 CAROLINA AVE.  
SAINT CLOUD, FL 34769

FEI Number: 26-3230107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBIDA, JAMES  
1322 CAROLINA AVE.  
SAINT CLOUD, FL 34769 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: WAGNER, JASON  
Address: 1322 CAROLINA AVE.  
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP ( ) Delete  
Name: ROBIDA, JAMES  
Address: 1322 CAROLINA AVE.  
City-St-Zip: SAINT CLOUD, FL 34769

Title: SEC ( ) Delete  
Name: WAGNER, JASON  
Address: 1322 CAROLINA AVE.  
City-St-Zip: SAINT CLOUD, FL 34769

Title: TREA ( ) Delete  
Name: CLEMENTS, JOSEPH  
Address: 1322 CAROLINA AVE.  
City-St-Zip: SAINT CLOUD, FL 34769

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JASON WAGNER

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date