
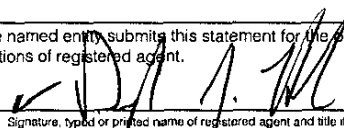
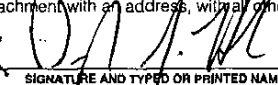


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90359 031 \*\*\*150.00

<b>DOCUMENT # P95000052693</b> 1. Entity Name <b>TRI STAR PROPERTIES, INC.</b>			
Principal Place of Business <b>644 WIGGINS BAY DRIVE NAPLES, FL 34110</b>		Mailing Address <b>644 WIGGINS BAY DRIVE NAPLES, FL 34110</b>	
2. Principal Place of Business <b>6632 TRAIL BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 770277</b> Suite, Apt. #, etc.	
City & State <b>NAPLES, FL</b> Zip <b>34108</b>		City & State <b>NAPLES, FL</b> Zip <b>34107</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0593426</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HANNAH, DOUGLAS J 644 WIGGINS BAY DRIVE NAPLES, FL 34110</b>		7. Name and Address of New Registered Agent Name <b>DOUGLAS S. HANNAH</b> Street Address (P.O. Box Number is Not Acceptable) <b>6632 TRAIL BLVD</b> City <b>NAPLES</b> FL Zip Code <b>34108</b>	
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 		DATE <b>4/20/04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HANNAH, DOUGLAS J STREET ADDRESS 644 WIGGINS BAY DRIVE CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE D NAME DOUGLAS S. HANNAH STREET ADDRESS 6632 TRAIL BLVD CITY-ST-ZIP NAPLES, FL 34108	<input checked="" 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
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
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 or without other like empowered.			
SIGNATURE: 		DATE <b>4/20/04</b>	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>339/597-7900</b>	