

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90379 022 ***150.00



DOCUMENT # P96000085975
 1. Entity Name
TRI-STATE ENTERPRISE INVESTMENTS, INC.

Principal Place of Business Mailing Address
~~431 BURNS AVE~~ ~~PO BOX 188~~
~~BLOUNTSTOWN, FL 32424~~ ~~BLOUNTSTOWN, FL 32424~~

2. Principal Place of Business 3. Mailing Address
2065B SE Central Avenue **2065B SE Central Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04282004 Chg-P CR2E034 (10/03)

City & State City & State
Blountstown FL **Blountstown FL**
 Zip Country Zip Country
32424 USA **32424 USA**

4. FEI Number Applied For
59-3413432 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	
BAILEY, WILLIAM E 431 BURNS AVE BLOUNTSTOWN, FL 32424		Name William E. Bailey Street Address (P.O. Box Number is Not Acceptable) 2065B SE Central Avenue City Blountstown FL Zip Code 32424	

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 BAILEY, WILLIAM E 431 BURNS AVE BLOUNTSTOWN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William E. Bailey 2065B SE Central Avenue Blountstown, FL 32424 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARRETT, DORIS 8705 WALTHAM CT TALLAHASSEE, FL <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 all other like empowered.

SIGNATURE: William Bailey Date: 4-29-04 Daytime Phone #: 674-4295