
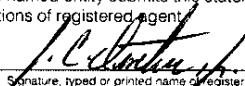
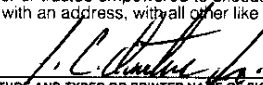


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 008 ***150.00

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DOCUMENT # P97000108713 1. Entity Name TRI FLY CORP.					
Principal Place of Business 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207			Mailing Address 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box # 1551 Atlantic Blvd.		3. Mailing Address P.O. Box 47050			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. 			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3485648	
Zip 32207		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMETREE, J.C. 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Demetree, J. C., Jr. Street Address (P.O. Box Number is Not Acceptable) 1551 Atlantic Blvd., Suite 300 City Jacksonville FL Zip Code 32207			
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 4/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DEMETREE, JACK C 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Demetree, Jack C. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UIBLE, JOHN D 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Uible, John D. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEMETREE, J.C. JR 3740 BEACH BLVD., SUITE 300 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Demetree, J. C., Jr. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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: 		Date 4/23/08		Davine Phone # 904 398 7350	