

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008696

Entity Name: TRI-STAR MARKETING, INC.

FILED  
Jul 08, 2008  
Secretary of State

## Current Principal Place of Business:

120 S. HOWARD AVE.  
TAMPA, FL 336061725 US

## New Principal Place of Business:

3713 W DALE AVENUE  
TAMPA, FL 33609 US

## Current Mailing Address:

4209 W. CLEVELAND ST.  
TAMPA, FL 33609

## New Mailing Address:

3713 W DALE AVENUE  
TAMPA, FL 33609 US

FEI Number: 75-2625347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDGERLEY, LEE H  
4209 W. CLEVELAND ST.  
TAMPA, FL 33609 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete  
Name: EDGERLEY, LEE H  
Address: 4209 W. CLEVELAND ST.  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: EDGERLEY, CAROL E  
Address: 4209 W. CLEVELAND ST.  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: EDGERLEY, LAURIE  
Address: 4313 W NEPTUNE ST  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: EDGERLEY, DAVID C  
Address: 4209 W. CLEVELAND ST.  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: COPLEY, LAURIE  
Address: 4313 W NEPTUNE ST  
City-St-Zip: TAMPA, FL 33629

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: LAURIE COPLEY

D

07/08/2008

Electronic Signature of Signing Officer or Director

Date