

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000051594**  
 1. Entity Name  
 T.R.Y., INC. OF TAMPA



Principal Place of Business      Mailing Address  
 2011 W. PLATT ST.                      2011 W. PLATT ST.  
 TAMPA, FL 33606                      TAMPA, FL 33606

**DO NOT WRITE IN THIS SPACE**



03082006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2974807      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 YOUNG, T R  
 2011 W PLANT ST  
 TAMPA, FL 33606

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable)

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.       Added to Fees

U00000549335  
 05/13/06-80017-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YOUNG, T R
STREET ADDRESS	2011 W PLANT ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:       3.17.06      813.251.1025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #