

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042053

FILED
Apr 19, 2004
Secretary of State

Entity Name: TRI-STATE PROPERTIES, INC.

Current Principal Place of Business:

4408 COW CREEK ROAD
EDGEWATER, FL 32141

New Principal Place of Business:

1315 BEACON STREET
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

PO BOX 2158
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

PO BOX 2172
NEW SMYRNA BEACH, FL 32170

FEI Number: 59-3574656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARBER, CARLENE A
Address: 1616 NORTH PENINSULA AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD () Delete
Name: BARBER, JOSEPH E
Address: 1616 NORTH PENINSULA AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD () Delete
Name: FLANAGAN, CHERYL L
Address: 1616 NORTH PENINSULA AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLANAGAN, CHERYL L
Address: 1315 BEACON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD (X) Change () Addition
Name: FLANAGAN, CHERYL L
Address: 1315 BEACON ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD (X) Change () Addition
Name: FLANAGAN, RICHARD B
Address: 1315 BEACON STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHERYL L. FLANAGAN

PD

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date