

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042053

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: TRI-STATE PROPERTIES, INC.

## Current Principal Place of Business:

104 S. PENINSULA AVE  
APARTMENTS #1,2,3,4,5 &6  
NEW SMYRNA BEACH, FL 32169 US

## New Principal Place of Business:

## Current Mailing Address:

1315 BEACON STREET  
NEW SMYRNA BEACH, FL 32169

## New Mailing Address:

FEI Number: 59-3574656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLANAGAN, CHERYL L PD  
1315 BEACON STREET  
NEW SMYRNA BEACH, FL 32169 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: FLANAGAN, CHERYL L  
Address: 1315 BEACON STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date