


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90174 015 \*\*\*150.00

<b>DOCUMENT # P99000066401</b> 1. Entity Name TRI H, INC.					
Principal Place of Business 10947 BEACH BLVD JACKSONVILLE, FL 32246			Mailing Address 10947 BEACH BLVD JACKSONVILLE, FL 32246		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		02272005 Chg-P		CR2E034 (10/03)	
4. FEI Number 59-2590709				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLANCE, WAYNE D. 4751 SAN JUAN AVE STE 20 JACKSONVILLE, FL 32210			Name Street Address (P.O. Box Number is Not Acceptable) <b>5610 Greatpine Lane North</b> City <b>Jacksonville</b> FL Zip Code <b>32244</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDIE, WILLIAM A	NAME			
STREET ADDRESS	10947 BEACH BLVD	STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32246	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDIE, BOBBY W	NAME			
STREET ADDRESS	10947 BEACH BLVD	STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32246	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDIE, TERESA A	NAME			
STREET ADDRESS	10947 BEACH BLVD	STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32246	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE: Bobby W Hardie</b> <i>Bobby W Hardie</i> <b>2/28/05</b> <b>904-641-2333</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					