


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 025 ***150.00

DOCUMENT # S30701	
1. Entity Name TRI-STATE SALES & SERVICE, INC.	

Principal Place of Business 1680 CYPRESS POINT LANE WINTER PARK, FL 32792	Mailing Address P O BOX 2248 GOLDENROD, FL 32733
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40047370

2. Principal Place of Business - No P.O. Box # 108 SAWTOOTH LN	3. Mailing Address P.O. Box 731918
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01092008 Chg-P CR2E034 (12/06)

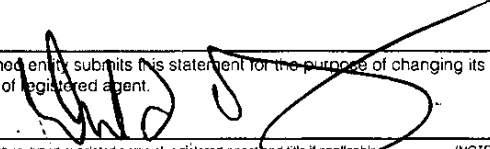
City & State Ormond Bch, FL	City & State Ormond Bch, FL
Zip 32174	Zip 32173-1918
Country USA	Country USA

4. FEI Number 59-3047287	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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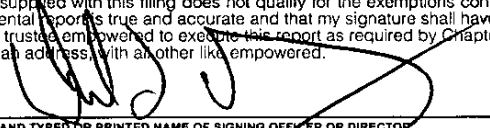
6. Name and Address of Current Registered Agent OBRACAY, ELEANOR 1680 CYPRESS POINT LANE WINTER PARK, FL 32792	
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7. Name and Address of New Registered Agent Name: DAVID S. OBRACAY Street Address (P.O. Box Number is Not Acceptable): 108 SAWTOOTH LN City & State: Ormond Bch FL Zip Code: 32174	
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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: 	DATE: 3/13/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT OBRACAY, ELEANOR 1680 CYPRESS POINT LN. WINTER PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS OBRACAY, DAVID 108 SAWTOOTH LANE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 another like empowered.	
SIGNATURE: 	DATE: 3/13/08 DAYTIME PHONE: 386-672-1663