

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S79419

Entity Name: TRYST, INC.

FILED  
Jan 30, 2004  
Secretary of State

## Current Principal Place of Business:

2511 NOBLE DR  
TALLAHASSEE, FL 323086476 US

## New Principal Place of Business:

## Current Mailing Address:

2511 NOBLE DR  
TALLAHASSEE, FL 323086476 US

## New Mailing Address:

FEI Number: 59-3107605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WAKEMAN, MARY  
C/O MCCONNAUGHAY, DUFFY, COONROD  
101 N MONROE ST #900  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: STOTTLER, CINDY J.  
Address: 6288 CRESTWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL

Title: VP ( ) Delete  
Name: JOHNSON, TAMMIE M  
Address: 4597 LOUVINIA DR.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: ST ( ) Delete  
Name: WAKEMAN, MARY L.  
Address: 2511 NOBLE DR  
City-St-Zip: TALLAHASSEE, FL 323086476

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: JOHNSON, TAMMIE M  
Address: 11049 PENNEWAW TRACE  
City-St-Zip: TALLAHASSEE, FL 32317

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 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: MARY L. WAKEMAN

ST

01/30/2004

Electronic Signature of Signing Officer or Director

Date