

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90024 048 ***150.00

60003153



DOCUMENT # S79419 1. Entity Name TRYST, INC.					
Principal Place of Business 2511 NOBLE DR TALLAHASSEE, FL 32308-6476 US			Mailing Address 2511 NOBLE DR TALLAHASSEE, FL 32308-6476 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3107605	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WAKEMAN, MARY C/O MCCONNAUGHAY, DUFFY, COONROD 101 N MONROE ST #900 1709 Hermitage Blvd, Suite 202 TALLAHASSEE, FL 32301 32308				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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 <u>Mary L. Wakeman</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>1.12.06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOTTLER, CINDY J		NAME		
STREET ADDRESS	6288 CRESTWOOD DRIVE		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32311		CITY- ST- ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, TAMMIE M		NAME		
STREET ADDRESS	11049 PENNEWAW TRACE		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32317		CITY- ST- ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	VP, ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAKEMAN, MARY L		NAME		
STREET ADDRESS	2511 NOBLE DR		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 323086476		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		
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 exemptions contained 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 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.					
SIGNATURE: <u>Mary L. Wakeman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1.12.06</u> DAYTIME PHONE # <u>850.425.8112</u>		