

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 25 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC

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



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3107605

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAKEMAN, MARY
C/O MCCONNAUGHAY, DUFFY, COONROD
1709 HERMITAGE BLVD, STE 200
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
STOTTLER, CINDY J
6288 CRESTWOOD DRIVE
TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPST
WAKEMAN, MARY L
2511 NOBLE DR
TALLAHASSEE, FL 323086476

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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NAME
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300101234683
05/02/07--01051--028 **150.00

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IN THIS SPACE**

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:

Mary L. Wakeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2007 850.425.8112
Date Daytime Phone #