

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S79419

Entity Name: TRYST, INC.

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6288 CRESTWOOD DRIVE  
TALLAHASSEE, FL 32317 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  
1709 HERMITAGE BLVD, SUITE 200  
TALLAHASSEE, FL 32308 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STOTTLER, CINDY J  
Address: 6288 CRESTWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: VPST  
Name: WAKEMAN, MARY L  
Address: 2511 NOBLE DR  
City-St-Zip: TALLAHASSEE, FL 323086476 US

I hereby 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 all other like empowered.

SIGNATURE: MARY L. WAKEMAN

VPST

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date