
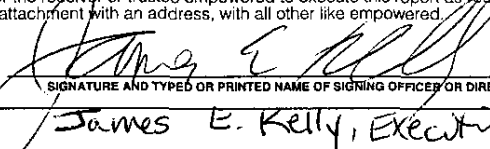


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90020 033 ***150.00

DOCUMENT # V00755 1. Entity Name TRI INVESTMENTS, INC.					
Principal Place of Business 277 ROYAL POINCIANA WAY SUITE 135 PALM BEACH, FL 33480 US			Mailing Address PO BOX 8348 AMELIA VILLAGE BOWMAN RD AMELIA ISLAND, FL 32035 US		
2. Principal Place of Business Suite, Apt., etc.:		3. Mailing Address 3473 SATELLITE BLVD. SUITE 211			
City & State		City & State DULUTH, GA		4. FEI Number 58-1724930	
Zip 30096		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEIGER, ALLAN T 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 - After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ANGELA H 277 ROYAL POINCIANA WAY SUITE 135 PALM BEACH, FL 33480	<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	V TEMPLE, GERALD 110 COVE LANE SOCIAL CIRCLE, GA	<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	V KELLY, JAMES E. BOWMAN RD, AMELIA VILLAGE AMELIA ISLAND, FL 32035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, JAMES E. 1658 TEMPLE JOHNSON ROAD LOGANVILLE, GA 30052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRIM, GLOICE Y. 211 ST. MARTIN DRIVE SUWANNE, GA 30024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRIM, GLOICE Y. 2277 EMMETT DOSTER ROAD MONROE, GA 30656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, JAMES 1658 TEMPLE JOHNSON RD LOGANVILLE, GA 30052	<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	S CRIM, GLOICE Y 2277 EMMETT DOSTER RD MONROE, GA 30656	<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 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 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: 				1-30-04 770-813-0090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James E. Kelly, Executive Vice President				Date Daytime Phone #	