

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90088 050 \*\*\*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  
**3473 SATELLITE BLVD.  
STE. 211  
DULUTH, GA 30096 US**

**40009826**



01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1724930**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GEIGER, ALLAN T  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE, FL 32207**

**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 PD  
NAME WILLIAMS, ANGELA H  
STREET ADDRESS 277 ROYAL POINCIANA WAY SUITE 135  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE V  
NAME TEMPLE, GERALD  
STREET ADDRESS 110 COVE LANE  
CITY-ST-ZIP SOCIAL CIRCLE, GA

TITLE V  
NAME KELLY, JAMES E.  
STREET ADDRESS 1658 TEMPLE JOHNSON RD.  
CITY-ST-ZIP LOGANVILLE, GA 30052

TITLE S  
NAME CRIM, GLOICE Y.  
STREET ADDRESS 2277 EMMETT DOSTER RD.  
CITY-ST-ZIP MONROE, GA 30656

TITLE V  
NAME KELLY, JAMES  
STREET ADDRESS 1658 TEMPLE JOHNSON RD  
CITY-ST-ZIP LOGANVILLE, GA 30052

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NAME CRIM, GLOICE Y  
STREET ADDRESS 2277 EMMETT DOSTER RD  
CITY-ST-ZIP MONROE, GA 30656

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James E. Kelly* **James E. Kelly** 1-29-07 770-813-0090