

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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**



01112008 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, 2008 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

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

U000000793923
01/30/08-80087-018 150.00

**DO NOT WRITE
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

1-23-08

Date

770-813-0090

Daytime Phone #