


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 08:00-AM**  
**Secretary of State**

<b>DOCUMENT # 527687</b> 1. Entity Name TRI-BRITTON, INC.	
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Principal Place of Business #3 ALBRITTON RD P. O. BOX 256 ALTURAS, FL 33820	Mailing Address #3 ALBRITTON RD P. O. BOX 256 ALTURAS, FL 33820
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04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1729506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  ALBRITTON, DALE E. #1 ALBRITTON ROAD ALTURAS, FL 33820
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000558850 05/17/06-80114-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRITTON, PHYLLIS LAKE GARFIELD BOX 255 ALTURAS FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALBRITTON, DALE E. LAKE GARFIELD BOX 222 ALTURAS FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRITTON, CAROLYN LAKE GARFIELD BOX 222 ALTURAS FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ALBRITTON, NICHOLAS F. LAKE GARFIELD BOX 255 ALTURAS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Nicholas F. Albritton Sec/Treas. 04/27/06 (863) 537-1343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #