



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90234 033 \*\*\*150.00

<b>DOCUMENT # 527687</b> 1. Entity Name <b>TRI-BRITTON, INC.</b>					
Principal Place of Business <b>#3 ALBRITTON RD P. O. BOX 256 ALTURAS, FL 33820</b>			Mailing Address <b>#3 ALBRITTON RD P. O. BOX 256 ALTURAS, FL 33820</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-1729506</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04292008      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ALBRITTON, DALE E. #1 ALBRITTON ROAD ALTURAS, FL 33820</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRITTON, PHYLLIS LAKE GARFIELD BOX 255 ALTURAS FL,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>#5 Albritton Rd. PO Box 255 Alturas, FL 33820</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBRITTON, DALE E. LAKE GARFIELD BOX 222 ALTURAS FL,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>#2 Albritton Rd. P.O. Box 222 Alturas, FL 33820</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRITTON, CAROLYN LAKE GARFIELD BOX 222 ALTURAS FL,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>#2 Albritton Rd. P.O. Box 222 Alturas, FL 33820</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALBRITTON, NICHOLAS F. LAKE GARFIELD BOX 255 ALTURAS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>#5 Albritton Rd P.O. Box 255 Alturas, FL 33820</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Nicholas F. Albritton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/29/08      865-537-1343 Date      Daytime Phone #		
<i>Nicholas F. Albritton, Sec/Treas</i>					