

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 527687

Entity Name: TRI-BRITTON, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

#3 ALBRITTON RD
P. O. BOX 256
ALTURAS, FL 33820

New Principal Place of Business:

#3 ALBRITTON RD
ALTURAS, FL 33820

Current Mailing Address:

#3 ALBRITTON RD
P. O. BOX 256
ALTURAS, FL 33820

New Mailing Address:

#3 ALBRITTON RD
ALTURAS, FL 33820

FEI Number: 59-1729506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALBRITTON, DALE E.
#1 ALBRITTON ROAD
ALTURAS, FL 33820 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALBRITTON, PHYLLIS
Address: #5 ALBRITTON RD PO BOX 255
City-St-Zip: ALTURAS, FL 33820

Title: PD () Delete
Name: ALBRITTON, DALE E
Address: #2 ALBRITTON RD P.O. BOX 222
City-St-Zip: ALTURAS, FL 33820

Title: D () Delete
Name: ALBRITTON, CAROLYN
Address: #2 ALBRITTON RD P.O. BOX 222
City-St-Zip: ALTURAS, FL 33820

Title: STD () Delete
Name: ALBRITTON, NICHOLAS F
Address: #5 ALBRITTON RD P.O. BOX 255
City-St-Zip: ALTURAS, FL 33820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS F. ALBRITTON

ST

05/01/2009

Electronic Signature of Signing Officer or Director

Date