2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# F09000002754

Entity Name: TRI-B NURSERY, INC.

Current Principal Place of Business:

3050 S MUSKOGEE AVE
TAHLEQUAH, OK 74464

New Principal Place of Business:

Current Mailing Address:

3050 S MUSKOGEE AVE
TAHLEQUAH, OK 74464

New Mailing Address:

FEI Number: 73-1412992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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

OFFICERS AND DIRECTORS:

Title: P
Name: BERRY, BOB
Address: PO BOX 436
City-St-Zip: TAHLEQUAH, OK 74465

Title: VP
Name: BERRY, BURL
Address: PO BOX 436
City-St-Zip: TAHLEQUAH, OK 74465

Title: S
Name: BAILEY, WAYNE
Address: PO BOX 436
City-St-Zip: TAHLEQUAH, OK 74465

Title: CFO
Name: WATT, DAVID
Address: POST OFFICE BOX 436
City-St-Zip: TAHLEGUAH, OK 74465

Title: VP
Name: BURKS, JUDY
Address: POST OFFICE BOX 436
City-St-Zip: TAHLEGUAH, OK 74465

I hereby 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 all other like empowered.

SIGNATURE: DAVE WATT CFO 01/06/2011

Electronic Signature of Signing Officer or Director Date