

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134577

Entity Name: TRIBRO, CO.

FILED
Aug 20, 2009
Secretary of State

Current Principal Place of Business:

1353 GALT LANE
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

1353 GALT LANE
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 20-5758771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNAS, BILL
1353 GALT LANE
SPRING HILL, FL 34608 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: PD () Delete
Name: ANNAS, PETER
Address: 1353 GALT LANE
City-St-Zip: SPRING HILL, FL 34608

Title: VPD () Delete
Name: ANNAS, BILL
Address: 1353 GALT LANE
City-St-Zip: SPRING HILL, FL 34608

Title: TD () Delete
Name: ANNAS, JAMES
Address: 8099 CLIPPER CT.
City-St-Zip: SPRING HILL, FL 34606

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:

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: PETER ANNAS

PD

08/20/2009

Electronic Signature of Signing Officer or Director

Date