

**2014 ANNUAL REPORT**  
**COMMONWEALTH OF VIRGINIA**  
**STATE CORPORATION COMMISSION**



214122868

## 1. CORPORATION NAME

Tyler's Trade Inc.

DUE DATE: 10/31/2014

SCC ID NO.: 0757207-6

## 2. VA REGISTERED AGENT NAME AND ADDRESS: DIRECTOR.

STEVEN TYLER LEE  
 907 BLANDFORD AVE  
 VINTON VA 24179

## 5. STOCK INFORMATION:

CLASS	AUTHORIZED
COMMON	2

## 3. CITY OR COUNTY OF VA REGISTERED OFFICE:

180 - ROANOKE COUNTY

## 4. STATE OR COUNTRY OF INCORPORATION:

VA - VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

## 6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: <b>907 BLANDFORD AVE</b>	ADDRESS:
CITY/ST/ZIP: <b>VINTON VA 24179</b>	CITY/ST/ZIP:

## 7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.  
 An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: <b>STEVEN TYLER LEE</b> TITLE: <b>VICE PRESIDENT</b> ADDRESS: <b>907 BLANDFORD AVE</b> CITY/ST/ZIP: <b>VINTON VA 24179</b>	NAME: _____ TITLE: _____ ADDRESS: _____ CITY/ST/ZIP: _____
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>

I affirm that the information contained in this report is accurate and complete as of the date below.

  
 SIGNATURE OF DIRECTOR/OFFICER  
 LISTED IN THIS REPORT

Steven Lee Vice president 8-15-2014  
 PRINTED NAME AND TITLE DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

## 2014 ANNUAL REPORT CONTINUED

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CORPORATE NAME:  
Tyler's Trade Inc.DUE DATE: 10/31/2014  
SCC ID NO.: 0757207-6

## 7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information  NAME: <b>KAREN CARTER</b> TITLE: <b>DIRECTOR</b> ADDRESS: <b>1118 MONTROSE AVE. SE</b> CITY/ST/ZIP: <b>ROANOKE VA 24013</b>  OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement  NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information  NAME: <b>EMMETT S. TYLER</b> TITLE: <b>DIRECTOR</b> ADDRESS: <b>1601 NORTH AVE</b> CITY/ST/ZIP: <b>ROANOKE VA 24012</b>  OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement  NAME: Emmett S Tyler TITLE: President ADDRESS: 1601 North AVE CITY/ST/ZIP: Roanoke, Va 24012  OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information  NAME: TITLE: ADDRESS: CITY/ST/ZIP:  OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement  NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information  NAME: TITLE: ADDRESS: CITY/ST/ZIP:  OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement  NAME: TITLE: ADDRESS: CITY/ST/ZIP: