

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 383028 1. Entity Name TYRONE PROFESSIONAL BUILDING, INC.	
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Principal Place of Business 5380 JOE'S CREEK DR. N. ST PETERSBURG FL 33709	Mailing Address 5380 JOE'S CREEK DR. N. ST PETERSBURG FL 33709
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-1439457	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EZZO, HELEN 5380 JOE'S CREEK DR. N. ST PETERSBURG FL 33709	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> Delete EZZO CUROTTA, ELISE 8416 LITTLELEAF COURT ORLANDO FL 32835
TITLE	VD <input type="checkbox"/> Delete EZZO, CHRISTOPHER 10244 130TH WAY, NORTH LARGO FL
TITLE	SD <input type="checkbox"/> Delete EZZO, PAUL 2291 SW RACQUET CLUB DR. PALM CITY FL 34990
TITLE	PD <input type="checkbox"/> Delete EZZO MCGETTIGAN, PATRICE 5440 JOE'S CREEK DRIVE N ST. PETERSBURG FL 33709
TITLE	D <input type="checkbox"/> Delete EZZO, STEPHEN 4243 COUNTRY LANE CHARLOTTE NC 28270
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000209755 02/02/05-80052-015 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patrice Ezzo McGettigan* *Patrice Ezzo McGettigan* 1-30-05 727-527-03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #