


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 383028

1. Entity Name
TYRONE PROFESSIONAL BUILDING, INC.



Principal Place of Business Mailing Address

**5380 JOE'S CREEK DR. N.
 ST PETERSBURG FL 33709** **5380 JOE'S CREEK DR. N.
 ST PETERSBURG FL 33709**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**EZZO, HELEN
 5380 JOE'S CREEK DR. N.
 ST PETERSBURG FL 33709**

4. FEI Number Applied For

59-1439457 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME	EZZO CUROTTO, ELISE	
STREET ADDRESS	8416 LITTLELEAF COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EZZO, CHRISTOPHER	
STREET ADDRESS	10244 130TH WAY, NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EZZO, PAUL	
STREET ADDRESS	2291 SW RACQUET CLUB DR.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EZZO MCGETTIGAN, PATRICE	
STREET ADDRESS	5440 JOE'S CREEK DRIVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	EZZO, STEPHEN	
STREET ADDRESS	4243 COUNTRY LANE	
CITY-ST-ZIP	CHARLOTTE NC 28270	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 02/29/08-80048-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Patricia Ezzo Mcgettigan* 2-20-08 727-527-0370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, no Phone #