

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081397

FILED
Apr 22, 2005
Secretary of State

Entity Name: TYLER BLAKE INC.

Current Principal Place of Business:

3766 FIVE FARMS CT
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

3766 FIVE FARMS CT
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3344701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, TIMOTHY P
200 W. FORSYTH STREET STE 1020
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JUSTICE, CONRAD E
Address: 3766 FIVE FARMS CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: CROPPER, M S
Address: 10695 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CROPPER, M S
Address: 8206 CUTTER PLACE
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: M STEVEN CROPPER

DIR

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date