

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081397

FILED  
Apr 09, 2006  
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:

7006 ARLINGTON EXPY  
UNIT 1  
JACKSONVILLE, FL 32211 US

## Current Mailing Address:

3766 FIVE FARMS CT  
JACKSONVILLE, FL 32225 US

## New Mailing Address:

8206 CUTTER PLACE  
JACKSONVILLE, FL 32216 US

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: 8206 CUTTER PLACE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST ( ) Change (X) Addition  
Name: BOLLAN, KAREN M  
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 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: KAREN M BOLLAN

ST

04/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date