

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90003 038 ***150.00

DOCUMENT # 339532

1. Entity Name

PLYLE PROPERTIES, INC.



Principal Place of Business

3491 WHITNER WAY
SANFORD FL 32772

Mailing Address

P.O. BOX 0758
SANFORD FL 32772

2. Principal Place of Business

2625 Ardor Ln.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange City, FL

City & State

Orange City, FL

Zip

32763

Country

Valusia

Zip

32763

Country

Valusia

4. FEI Number

59-1231330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

PLYLE, ALLEN R.
3491 WHITNER WAY
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name *Allen R. Pyle*

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

2625 Ardor Ln.

City *Orange City*

FL

Zip Code 32763

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

Allen R. Pyle

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PYLE, ALLEN R
STREET ADDRESS 3491 WHITNER WAY
CITY-ST-ZIP SANFORD FL

TITLE STV ☐ Delete
NAME PYLE, BETTY M
STREET ADDRESS 3491 WHITNER WAY
CITY-ST-ZIP SANFORD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Allen R. Pyle

ALLEN R. PYLE 2-10-06 386-774-7538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #