

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90056 047 ***150.00

DOCUMENT # 404894

1. Entity Name
TYBRIN CORPORATION



Principal Place of Business
**1030 TITAN COURT
FORT WALTON BEACH, FL 32547**

Mailing Address
**1030 TITAN COURT
FORT WALTON BEACH, FL 32547**

DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1408409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PENNINGTON, B A
93A POQUITO RD.
SHALIMAR, FL 32579**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	PENNINGTON, BILL A
STREET ADDRESS	93A POQUITO RD.
CITY-ST-ZIP	SHALIMAR, FL
TITLE	SDV
NAME	PENNINGTON, ROBERTA A.
STREET ADDRESS	93A POQUITO RD.
CITY-ST-ZIP	SHALIMAR, FL
TITLE	VP
NAME	PENNINGTON, TY A.
STREET ADDRESS	829 CHOCTAW LANE
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	DV
NAME	PENNINGTON, BRIAN S.
STREET ADDRESS	48 COUNTRY CLUB ROAD
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 April 2005

Date

850-337-2500

Daytime Phone #