

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90217 012 ***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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

Name Pennington, Bill A

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

1030 Titan Court

City Fort Walton Beach FL Zip Code 32547

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, 2006 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 ☐ Delete
NAME PENNINGTON, BILLA A
STREET ADDRESS 93A POQUITO RD.
CITY-ST-ZIP SHALIMAR, FL

TITLE SDV ☐ Delete
NAME PENNINGTON, ROBERTA A.
STREET ADDRESS 93A POQUITO RD.
CITY-ST-ZIP SHALIMAR, FL

TITLE VP ☐ Delete
NAME PENNINGTON, TY A.
STREET ADDRESS 829 CHOCTAW LANE
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE DV ☐ Delete
NAME PENNINGTON, BRIAN S.
STREET ADDRESS 48 COUNTRY CLUB ROAD
CITY-ST-ZIP SHALIMAR, FL 32579

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 VP ☒ Change ☐ Addition
NAME Pennington, Ty A
STREET ADDRESS 64 Hillcrest Dr.
CITY-ST-ZIP Shalimar, FL 32579

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Apr 06 850-337-2600
Date Daytime Phone #