## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # J14585**

1. Entity Name
DYE AND ASSOCIATES, INC.



FILED Feb 07, 2008 08:00 Al Secretary of State

Principal Place of Business

% M.C. DYE 8958 N ELIZABETH AVE. PALM BEACH GARDENS, FL 33418-3122 Mailing Address

% M.C. DYE 8958 N ELIZABETH AVE.

PALM BEACH GARDENS, FL 33418-3122

TALIT BEACT GARDENS, FE 33410-3122



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01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2797597

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYE, M.C. 8958 N ELIZABETH AVE. PALM BEACH GARDENS, FL 33418-3122

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				11 %	THIS STAGE	
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	ffice or r	egistered agent, or t	poth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE: Registered Age	nt signature	required when reinstating)		
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	p2/15/03-80081-002 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DYE, M.C. 8958 ELIZABETH STREET PALM BCH GARDENS, FL.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COOK, SHERRY J. 8958 ELIZABETH STREET PALM BCH GARDENS, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	ÍN	THIS SPACE	
TITLE NAME						

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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5701-622-3288