

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Page 182

FILED

06 AUG -9 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # K04037 1. Entity Name PAT TYNER, INC.					
Principal Place of Business 18387 HWY 98N. OKEECHOBEE, FL 34972			Mailing Address 18387 HWY 98N. OKEECHOBEE, FL 34972		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0010168	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TYNER, PATRICIA ANN 18387 HWY 98 NE. OKEECHOBEE, FL 33472			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Patricia Ann Tyner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 8-5-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TYNER, PATRICIA ANN 18385 HWY. 98 NORTH OKEECHOBEE, FL	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TYNER, DURWIN 18385 HWY. 98 NORTH OKEECHOBEE, FL	<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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 <i>Patricia Ann Tyner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 8-5-06 DAYTIME PHONE # 863-763-0000		

2C 8/10



18387 HWY 98 N
0033CHOBEE, FL 34972

Phone: 863-763-6111
Fax: 863-763-7456
Email: twelveoaksminis@earthlink.net

Page 2 of 2

PAT TYNER INC

AUGUST 5, 2006

To

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

From

PAT TYNER INC

Phone: 863-763-6111
Fax: 863-763-7456
Email: twelveoaksminis@earthlink.net

RE : 606A00046197

AS STATED IN YOUR WAIVER PROVISION THIS LETTER IS TO INFORM YOU THAT WE DID NOT
RECEIVE YOUR REQUEST FOR THE ANNUAL REPORT NOTICE 2006

THANK YOU

PAT TYNER