


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 045 ***150.00

DOCUMENT # L89092 1. Entity Name TYR, INC.	
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Principal Place of Business 1820 W. JEFFERSON ST. QUINCY, FL 32351	Mailing Address 1820 W. JEFFERSON ST. QUINCY, FL 32351
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50023456



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3021750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BROWN, PEGGY 1820 W. JEFFERSON ST. QUINCY, FL 32351
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	DPV BROWN, PEGGY RT 5 BOX 168-B N/A QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHANCE, JOYCE RT. 5, BOX 55 QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHANCE, KATTIE RT. 5, BOX 55 QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 an other like empowered.

SIGNATURE: Peggy Brown - Peggy Brown 3/4/05 850-627-8903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #