


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90014 024 ***150.00

DOCUMENT # L89092 1. Entity Name TYR, INC.					
Principal Place of Business 1820 W. JEFFERSON ST. QUINCY, FL 32351			Mailing Address 1820 W. JEFFERSON ST. QUINCY, FL 32351		
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 59-3021750	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>note</i> BROWN, PEGGY 1820 W. JEFFERSON ST. QUINCY, FL 32351			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	DPV BROWN, PEGGY RT 5 BOX 168-B N/A QUINCY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV PEGGY <i>note</i> 2345 Mt. Pleasant Rd. Quincy, FL 32352	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHANCE, JOYCE RT. 5, BOX 55 QUINCY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 Robert F. Munroe Rd. Quincy, FL 32352	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHANCE, KATTIE RT. 5, BOX 55 QUINCY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 Robert F. Munroe Rd. Quincy, FL 32352	
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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>X Peggy Mote</i>			Date: <i>3/2/06</i> Daytime Phone #: <i>850-627-8903</i>		