2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # P00000004201 1. Entity Name CYLEBRICO, INC. Principal Place of Business Mailing Address 1229 HIGHWAY 185 1229 HIGHWAY 185 WESTVILLE FL 32464 WESTVILLE FL 32464 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) Applied For City & State City & State 62-1810683 Not Applicable Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALLOWAY, C C Street Address (P.O. Box Number is Not Acceptable) 1229 HIGHWAY 185 WESTVILLE FL 32464 City 6. 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 in ponted maneral registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Frust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. THE ☐ Delote Change Addition MAME GALLOWAY, C.C. NAME H000000419323 STREET ADDRESS 1229 HIGHWAY 185 STREET ADDRESS 02/15/06-80002-016 150.00 CITY-ST-ZIP WESTVILLE FL 32464 CITY-ST-ZIP Change THE ☐ Delete THE ☐ Addition NAME GALLOWAY, JERRY B STREET ADDRESS 710 WEST MAPLE AVE STREET ADDRESS CITY - ST-ZIP City-St-20 GENEVA AL 35340 Andition | TITLE ☐ Delete Change. TISLE GALLOWAY, GARY L STREET ADDRESS 1263 HIGHWAY 185 STREET ADDRESS CITY-ST-ZIP CUY-SU-ZIP WESTVILLE FL 32464 TITLE ☐ Detete TITLE Change Addition GALLOWAY, HILTON C NAME STREET ADDRESS 1755 COUNTY ROAD 622 STREET ADDRESS CITY-SI-ZIP ENTERPRISE AL 36330 CITY-ST-ZIP TITLE ☐ Delete TRILE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-20P CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CUY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Section 1.19, 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 cath, 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.

FILED

SIGNATURE: APA Maria CC GALLOUAL Fol 1201 800 001 2011