

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000072285

1. Entity Name
LYLE PAINTING & DECORATING, INC.



Principal Place of Business
**6460 TIMBERLANE ROAD
LAKE WALES, FL 33898-8970**

Mailing Address
**6460 TIMBERLANE ROAD
LAKE WALES, FL 33898-8970**



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1031031

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LYLE, WYLENE J
6460 TIMBERLANE RD
LAKE WALES, FL 33898-8970**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PRES LYLE, WYLENE J PRES 6460 TIMBERLANE ROAD LAKE WALES, FL 338988970
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYLE, RICHARD D DIRECTO 6460 TIMBERLANE ROAD LAKE WALES, FL 338988970
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/12/07-80020-007 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Wylene J. Lyle, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/07 (863) 439-6778
Date Daytime Phone #