

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 23, 2004 08:00 AM
Secretary of State**DOCUMENT # P00000073753**1. Entity Name
TYNMAR CORPORATIONPrincipal Place of Business
**4055 TAMiami TRAIL NORTH
NAPLES, FL 34103 US**Mailing Address
**4055 TAMiami TRAIL NORTH
NAPLES, FL 34103 US**

04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-1032165Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****COPROLITE CORPORATION
2130 SUNTRUST INTERNATIONAL CENTER
ONE SE 3RD AVE
MIAMI, FL 33131****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, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	OPT
NAME	DAY, VIVIENNE
STREET ADDRESS	4055 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DV
NAME	MURPHY, PATRICK
STREET ADDRESS	4055 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VS
NAME	DAY, CHRISTOPHER
STREET ADDRESS	4055 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000126935
04/23/04-80054-014 150.00**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 all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER M. DAY 4/20/04 239 649 5500

Daytime Phone #