2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000018617

1. Entity Name
AL & ED CYR INCORPORATED

Principal Place of Business	Mailing Address
430 CROFTON DRIVE OCOEE, FL 34761	430 CROFTON DRIVE OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

04232008   No Chg-P   CR2E034 (11/05)

4. FEI Number 03-0407073	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CYR, ALFRED
430 CROFTON DRIVE
OCOEE, FL 34761

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CYR, ALFRED
STREET ADDRESS	430 CROFTON DRIVE
CITY-ST-ZIP	OCOEE, FL 34761

TITLE	
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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: _Alfred Cyr_   4/23/08   407-905-7632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #