


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90110 031 ***150.00

DOCUMENT # P02000027524	
1. Entity Name BYGONE, INC.	

Principal Place of Business 1225 GREENVIEW DR. LAKELAND, FL 33805	Mailing Address 1225 GREENVIEW DR. LAKELAND, FL 33805
---	---

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0415039	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

**CURRY, ROBERT E
1225 GREENVIEW DR.
LAKELAND, FL 33805**

**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 Robert E. Curry Robert E. Curry, VST 9 Feb 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P CURRY, PATRICIA 1335 GREENVIEW DR LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CURRY, ROBERT E 1335 GREENVIEW DR LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Patricia Curry - Patricia Curry 9 Feb 2006 352 343 9322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

FEBRUARY 9, 2006

60021744
#P02 600027524

FROM: BYGONE, Inc.

Re: change mailing address for all future correspondence

NEW ADDRESS FOR:

BYGONE, INC.

Patricia Curry

Robert Curry

IS: 32443 MEMORY LAND (32443 memory lane)
LEESBURG, FL 34788

thank you for your attention to this change.

Patricia Curry
Patricia Curry