


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

|  |   |                                 |   |   |  |
|--|---|---------------------------------|---|---|--|
| <b>DOCUMENT # P03000137839</b>   |   |                                 |   |    |  |
| <b>1. Entity Name</b><br>JAMES W. FYLE III, INC.   |   |                                 |   |   |  |
| <b>Principal Place of Business</b><br>132 PARKWOOD LANE<br>EDGEWATER FL 32132  |   |                                 | <b>Mailing Address</b><br>132 PARKWOOD LANE<br>EDGEWATER FL 32132   |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>       |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.             |   |   |  |
| City & State   |   | City & State                    |   |   |  |
| Zip  | Country   | Zip                             | Country   | <b>4. FEI Number</b> 20-0431431 <span style="float: right;"><input type="checkbox"/> Applied For<br/><input type="checkbox"/> Not Applicable</span> |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |                                 |   | 1st MOORE CR2E034 (10/05)   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>FYLE, JAMES W III<br>132 PARKWOOD LANE<br>EDGEWATER FL 32132   |   |                                 | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |   |  |
| <b>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.</b>  |   |                                 |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating) DATE _____   |   |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                 |   |   |  |
| <b>9. Election Campaign Financing</b> <b>\$5.00 May Be Added to Fees</b> <input type="checkbox"/> Trust Fund Contribution.   |   |                                 |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>FYLE, JAMES W III<br>132 PARKWOOD LANE<br>EDGEWATER FL 32132 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add<br>000000480021<br>04/10/06-80027-010 150.00   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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</b> |   |                                 |   |   |  |
| <b>SIGNATURE:</b> <i>James W Fyle III</i> <b>James W Fyle III Pres. 3-20-06 386 424-51</b>   |   |                                 |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |   |                                 |   |   |  |