

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017875

FILED
Apr 15, 2009
Secretary of State

Entity Name: TRYGAR CONSULTING SERVICES, INC.

Current Principal Place of Business:

1819 MASSACHUSETTS AVE.
LYNN HAVEN, FL 32444

New Principal Place of Business:

17407 NW 238 TERRACE
HIGH SPRINGS, FL 32643

Current Mailing Address:

1819 MASSACHUSETTS AVE.
LYNN HAVEN, FL 32444

New Mailing Address:

17407 NW 238 TERRACE
HIGH SPRINGS, FL 32643

FEI Number: 20-2488686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRYGAR, RONALD PRES.
1819 MASSACHUSETTS AVE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

TRYGAR, RONALD PRES.
17407 NW 238 TERRACE
HIGH SPRINGS, FL 32643 US

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.

SIGNATURE: _____

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: TRYGAR, RONALD
Address: 1819 MASSACHUSETTS AVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TRYGAR, RONALD
Address: 17407 NW 238 TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD L TRYGAR

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date