


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90001 006 \*\*\*100.00  
03-03-2006 90106 027 \*\*\*\*50.00

<b>DOCUMENT # P05000068726</b> 1. Entity Name TYLEE ASSOCIATES, INC.																													
Principal Place of Business 1460 GOLDEN GATE PARKWAY SUITE 103 NAPLES, FL 34105			Mailing Address 1460 GOLDEN GATE PARKWAY SUITE 103 NAPLES, FL 34105																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 20-2819793																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent LUNSFORD, JOHN 1460 GOLDEN GATE PARKWAY SUITE 103 NAPLES, FL 34105				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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: <u>John Lunsford</u> <u>John Lunsford</u> <u>1/30/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PSD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LUNSFORD, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1460 GOLDEN GATE PARKWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34105</td> <td></td> </tr> </table>			TITLE	PSD	<input type="checkbox"/> Delete	NAME	LUNSFORD, JOHN		STREET ADDRESS	1460 GOLDEN GATE PARKWAY		CITY-ST-ZIP	NAPLES, FL 34105		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 as changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u>John Lunsford</u> <u>John Lunsford</u> <u>1/30/06</u> <u>800-966-4162</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

40023498



01132006 Chg-P CR2E034 (11/05)

Attachment



40023498

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

TYLEE ASSOCIATES, INC.  
1460 GOLDEN GATE PARKWAY  
SUITE 103  
NAPLES, FL 34105

Subject: TYLEE ASSOCIATES, INC.

Reference Number:

P05000068726

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION

Original check #1029. 2/9/06  
Legal line says \$100. (I didn't finish writing out fifty)  
Number line = \$150.00

Paying balance 2/28/06 ck #1036

*John Long*  
800-966-4162

P.O. BOX 6327 - Tallahassee, Florida 32314