

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90041 040 ***150.00

DOCUMENT # P05000102576

1. Entity Name
DEFYANT, INC.



Principal Place of Business

2300 US 27 NORTH
SUITE 2300
SEBRING, FL 33870

Mailing Address

2300 US 27 NORTH
SUITE 2300
SEBRING, FL 33870

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3187717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAYER, JUDITH
2300 US 27 NORTH
SEBRING, FL 33870

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BLAYER, JUDITH
3566 US 27 S
SEBRING, FL 33870 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BLAYER, Judith
2300 US 27 N
SEBRING, FL 33870 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPST
BLAYER, JUDITH
3566 US 27 S
SEBRING, FL 33870 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPST
BLAYER, Judith
2300 US 27 N
SEBRING, FL 33870 ☒ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

Judith M. Blayer / Judith M. Blayer 2/21/08

Date

Daytime Phone #

863
382-6211