

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000142012

1. Entity Name  
TYRELL & WATTS ENTERPRISES INC.



Principal Place of Business  
4160 SAILFISH DRIVE SE  
ST. PETERSBURG, FL 33705

Mailing Address  
4160 SAILFISH DRIVE SE  
ST. PETERSBURG, FL 33705

**FILED**  
**Jul 23, 2008 08:00 AM**  
**Secretary of State**



07142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-0990596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

TYRELL, CHRISTINE  
4160 SAILFISH DRIVE SE  
ST. PETERSBURG, FL 33705

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TYRELL, CHRISTINE
STREET ADDRESS	4160 SAILFISH DRIVE SE
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	D
NAME	WATTS, KEITH
STREET ADDRESS	4160 SAILFISH DRIVE SE
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000956078  
07/23/08-80001-015 150.00

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-08

Date

727-866-0602

Daytime Phone #