

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # **PD6000021527**

1. Entity Name

THE MYRE GROUP, INC.



FILED

11 MAY 17 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9609 Moss Rose Way

Suite, Apt. #, etc.

3. Mailing Address

9609 Moss Rose Way

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

20-4308344

Applied For

Not Applicable

Zip

32832

Country

Orange US

Zip

32832

Country

Orange US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James S. Myre

Street Address (P.O. Box Number is Not Acceptable)

9609 Moss Rose Way

City

Orlando

FL

Zip Code

32832

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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

James S. Myre

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

5/13/11

DATE

January 1 - May 1, Fee is \$180.00

After May 1, Fee is \$650.00

Amended AR is \$61.28

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution.

Added to Fees

E-mail Address:

JSMYRE@YAHOO.COM

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JAMES S MYRE
STREET ADDRESS	9609 MOSS ROSE WAY
CITY-ST-ZIP	ORLANDO, FL 32832
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700207334357
05/09/11-01004-2013-1**150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

James S. Myre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/11

DATE

407-375-6895

Daytime Phone #

5/13