

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90174 006 ***150.00

DOCUMENT # P06000094562 1. Entity Name TYE'S ANARCHY & INDUSTRIES INC					
Principal Place of Business 154 SIGMUND LOOP DAVENPORT, FL 33837 US 1400 6TH STREET SE WINTER HAVEN, FL 33880			Mailing Address 154 SIGMUND LOOP DAVENPORT, FL 33837 US		
2. Principal Place of Business - No P.O. Box # 1400 6TH STREET SE Suite, Apt. #, etc.		3. Mailing Address 1400 6TH STREET SE Suite, Apt. #, etc.			
City & State WINTER HAVEN FL		City & State WINTER HAVEN, FL		4. FEI Number 20-5216214	
Zip 33880		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILLIKER, TYE C 154 SIGMUND LOOP DAVENPORT, FL 33837			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1400 6TH STREET SE City WINTER HAVEN FL Zip Code 33880		
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: DATE: 4/27					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P.D. <input type="checkbox"/> Delete NAME HILLIKER, TYE C STREET ADDRESS 154 SIGMUND LOOP CITY-ST-ZIP DAVENPORT, FL 33837			TITLE P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HILLIKER, TYE C STREET ADDRESS 1400 6TH STREET SE CITY-ST-ZIP WINTER HAVEN, FL 33880		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: DATE: 4/27					