2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90108 041 ***150.00

DOCUMENT # P07000130108

1. Entity Name
TYLOYLEONSON INC

J0004037

01292008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
540 TEMPLE STREET SATELLITE BEACH, FL 32937	540 TEMPLE STREET SATELLITE BEACH, FL 32937

2. Principal Place of Business No P.O. Box #	3. Mailing Address
211 E COCOA BEACH CSWY	211 E COCOA BEACH CSWY
Suite, Apt # etc	Suite, Apt # etc
City & State: COCOA BEACH FL	City & State: COCOA BEACH FL
Zip: 32931 Country: Brevard	Zip: 32931 Country: Brevard

4. FEI Number: 261539377 — 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
CULVER, KITTY 540 TEMPLE STREET SATELLITE BEACH, FL 32937	Name: CULVER KITTY Street Address (P.O. Box Number is Not Acceptable): 211 E COCOA BEACH CSWY City: COCOA BEACH FL Zip Code: 32931

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 ______________________________

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 CULVER, KITTY 540 TEMPLE STREET SATELLITE BEACH, FL 32937 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CULVER, KITTY 211 E COCOA BEACH CSWY COCOA BEACH FL 32931 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: Kitty Culver April 5, 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR