

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90005 015 ***150.00

50026636



DOCUMENT # P93000062926 1. Entity Name TYLER CONCRETE CONSTRUCTION, INC.					
Principal Place of Business 2125 QUEENPALM EDGEWATER, FL 32141 US			Mailing Address 2125 QUEENPALM EDGEWATER, FL 32141		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3202799			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAILEY, ROBERT H ESQ. 340 N. CAUSEWAY NEW SMYRNA BEACH, FL 32469			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYLER, ROBERT WAYNE 2125 QUEENPALM EDGEWATER, FL 32141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYLER, ROBERT W 2125 QUEENPALM EDGEWATER, FL 32141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>R. W. Tyler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	



ATTACHMENT
Division of Corporations
50026636
Annual Report

Annual Report Help

Document Number

P93000062926

Business Entity Name

TYLER CONCRETE CONSTRUCTION, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

593202799

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

2125 QUEENPALM

Suite, Apt. #, etc.

City, State

EDGEWATER

FL

Zip Code & Country

32141

US

Mailing Address

Address

2125 QUEENPALM

Suite, Apt. #, etc.

City, State

EDGEWATER

FL

Zip Code & Country

32141

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

BAILEY

ROBERT

H

ESQ.

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

340 N. CAUSEWAY

Suite, Apt. #, etc.

City, State

NEW SMYRNA BEACH

FL

Zip Code & Country

ATTACHMENT

32469 US

50026636
#P93000062926

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record; you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) TYLER, ROBERT WAYNE,

- OR -

Entity Name to serve as
Officer/Director

Street Address 2125 QUEENPALM
City, State EDGEWATER, FL
Zip Code & Country 32141 VO

Title P
Name (Last, First, Middle, Title) TYLER, ROBERT, W

- OR -

Entity Name to serve as
Officer/Director

Street Address 2125 QUEENPALM
City, State EDGEWATER, FL
Zip Code & Country 32141

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State

ATTACHMENT

50226636
#P93000062926

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

P
Robert Wayne Tyler

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that

ATTACHMENT

the facts stated herein are true.

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Annual Report Help