1

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P96000036361

1. Entity Name
TYGLO SERVICES, INC.



Mailing Address

7739 CAMDEN HARBOUR DRIVE BRADENTON, FL 34212 US

Principal Place of Business

7739 CAMDEN HARBOUR DRIVE BRADENTON, FL 34212 US

FILED Mar 02, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0691915 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, GLORIA 7739 CAMDEN HARBOUR DRIVE BRADENTON, FL 34212

DO NOT WRITE IN THIS SPACE

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|---|---|--|-------------------------------|--------------------------------|--|
| | named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent. | urpose of changing its registere | d office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and little if | applicable. (NOTE: Registered | Agent signature | required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | Election Campaign Finan- Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | 000000654196 03/13/07-80052-010 158 75 |
| 10. | OFFICERS AND DIREC | TORS | | | |
| IITLE NAME Street address City-St-Zip | PSTD MORRISON, GLORIA 7739 CAMDEN HARBOUR DRIVE BRADENTON, FL 34212 | | | | |
| NAME STREET ADDRESS CITY: ST-ZIP | | | | | |
| IITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE IN THIS SPACE | | |
| ITTLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| ITTLE VAME STREET ADDRESS CITY - ST - ZIP | | | | | , |
| IITLE NAME | | | | | |

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 appear of the corporation of the receiver of the corporation of the receiver or trustee empowered.

SIGNATURE

STREET ADDRESS CITY - ST - ZIP

NO MARTINICA GLORIA MORRISON

941-720-7621

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