

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027604

Entity Name: LYLE BLEACHERS INC.

FILED  
Jan 25, 2008  
Secretary of State

## Current Principal Place of Business:

5817 LYNN RD  
TAMPA, FL 33624

## New Principal Place of Business:

## Current Mailing Address:

5817 LYNN RD  
TAMPA, FL 33624

## New Mailing Address:

FEI Number: 59-3436311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYLE, DAVID A  
5817 LYNN RD  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LYLE, ANTHONY  
Address: 5817 LYNN RD  
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Delete  
Name: LYLE, DAVID A  
Address: 1782 TINSMITH CIR  
City-St-Zip: LUTZ, FL 33559

Title: S ( ) Delete  
Name: LYLE, JEFFREY M  
Address: 1309 SIERRA PINES BLVD  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: LYLE, ANTHONY  
Address: 5817 LYNN RD  
City-St-Zip: TAMPA, FL 33624

Title: P (X) Change ( ) Addition  
Name: LYLE, DAVID A  
Address: 1782 TINSMITH CIR  
City-St-Zip: LUTZ, FL 33559

Title: VP (X) Change ( ) Addition  
Name: LYLE, JEFFREY M  
Address: 1309 SIERRA PINES BLVD  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. LYLE

P

01/25/2008

Electronic Signature of Signing Officer or Director

Date