

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000036138**

1. Entity Name  
NYE FINANCIAL GROUP AGENCY OF FLORIDA, INC.



Principal Place of Business  
5959 CENTRAL AVENUE  
SUITE 100  
ST. PETERSBURG, FL 33710

Mailing Address  
7941 RAVENNA ROAD  
HUDSON, OH 44236



02012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3442737

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NYE, JOHN B  
114 SANDS DRIVE  
TIERRA VERDE, FL 33715

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE	VP
NAME	JOHN B NYE
STREET ADDRESS	5959 CENTRAL AVE
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	VP
NAME	NYE, JOHN R
STREET ADDRESS	7941 RAVENNA ROAD
CITY-ST-ZIP	HUDSON, OH 44236
TITLE	PRES
NAME	NYE, ERIC A
STREET ADDRESS	7941 RAVENNA ROAD
CITY-ST-ZIP	HUDSON, OH 44236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000838850  
03/05/08-80048-001 158.75

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #