

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000076787**

1. Entity Name  
**TYLER ACCOUNTING SERVICE, INC.**



Principal Place of Business  
**3338 FOXRIDGE CIRCLE  
TAMPA, FL 33618**

Mailing Address  
**3338 FOXRIDGE CIRCLE  
TAMPA, FL 33618**



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3467988**

Applied For	
Not Applicable	

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

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

**TYLER, PAUL D  
3338 FOXRIDGE CIRCLE  
TAMPA, FL 33618**

**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 relinquishing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000139863  
04/29/04-80138-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TYLER, PAUL D
STREET ADDRESS	3338 FOXRIDGE CIRCLE
CITY-ST-ZIP	TAMPA, FL 33618

TITLE	V
NAME	TYLER, SALLY G
STREET ADDRESS	3338 FOXRIDGE CIRCLE
CITY-ST-ZIP	TAMPA, FL 33618

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Paul D. Tyler*

**Paul D. Tyler**

**4/22/04**

**813 265-3701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #