2005 FOR PROFIT CORPORATION

FILED Jan 27, 2005 08:00 AM

ANNOAL REPORT			Secretary of State			
DOOUMENT # P9800000149 1. Entity Name TYG SITTERS, INC	94			Secre	iary or	State
Principal Place of Business 2467 KERSEY ROAD PENSACOLA, FL 32526	Mailing Address 2467 KERSEY ROAD PENSACOLA, FL 32526					
DO NOT WRITE IN THIS SPA		CE	01172005	No Chg-P	CR2E034 ((10/03) _
		-	4. FEI Numbi 59-348 5. Certificate		□ \$8.	Not Applicable 75 Additional Required
6. Name and Address of Current Reg	istered Agent					
GRANT, TERESA 2467 KERSEY ROAD PENSACOLA, FL 32526	DO NOT WRITE IN THIS SPACE					
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its register	ed office or register	ed agent or bol	troothe State of Fo	e da i (aprilar)	м <u>д</u> 4 г. ј. г. в год
SIGNATURE Signature, typed or printed name of registered agent and tit	le if applicable. (NOTÉ, Registeré	nd Agent signature required	when re-installing)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.			.00 May Be ed to Fees	· · · · · · · - ·	- ·· · — ·	
10. OFFICERS AND DIRI	ECTORS	<u> </u>			A4 .	
NAME GRANT, TERESA STREET ADDRESS 2467 KERSEY RD CITY-ST-ZIP PENSACOLA, FL 32526	-					
TITLE NAME STREET ADDRESS CITY - ST - ZIP				000000 01/27/05-	198408 80026-01	8 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZP			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SF	PACE	
TITLE	10	1				

12. Thereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR