OR PROFIT CORPORATION ANNUAL REPORT

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FILED
11 JUN 16 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006622

1. Entity Name
TYRA COMPANY INC
3 ISLAND DR.
LAKE MARY FL 32746

CR2E034B (11/08)

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3 ISLAND DR.	3 ISLAND DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE MARY FL	City & State: LAKE MARY, FL
Zip: 32746 Country: USA	Zip: 32746 Country:

4. FEI Number: 59-3504665 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DAVID A. WALTER

Street Address (P.O. Box Number is Not Acceptable):
3 ISLAND DR.

City: LAKE MARY FL Zip Code: 32746

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: David Walter DAVID WALTER 6-10-11
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	DAVID A. WALTER
STREET ADDRESS	3 ISLAND DR.
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Walter DAVID A. WALTER 6-10-11 407-461-7316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #