2006 FOR PROFIT_CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 08:00 AM Secretary of State **DOCUMENT # P98000042783** 1. Entity Name TYRE & TAYLOR COMMERCIAL REALTY, INC. Principal Place of Business Mailing Address 2500 SOUTH BAY STREET 2500 SOUTH BAY STREET EUSTIS, FL 32726 EUSTIS, FL 32726 03222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3520177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TYRE, WILLIAM G DO NOT WRITE 2500 S BAY STREET EUSTIS, FL 32726 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 it applicable (NOTE: Registered Agent signature required when reinstalling) DATE U9000049\$433 04/21/06-80008-019 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TYRE, W.G. NAME STREET ADDRESS 2500 SOUTH BAY STREET CITY-SY-DP EUSTIS, FL 32726 TITLE NAME STREET ADDRESS CDY-ST-JP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

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

> SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

3-22-06

Date

Daytime Phone #