

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90024 020 ***150.00

DOCUMENT # P98000097613

1. Entity Name
TYZPYZ, INC.



Principal Place of Business
750 S BLUFORD AVE
OCOE, FL 34761

Mailing Address
750 S BLUFORD AVE
OCOE, FL 34761

50004457

2. Principal Place of Business

3. Mailing Address 6312 Buford st.
12507 SCARLETT SAGE COURT



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006

Chg-P

CR2E034 (11/05)

City & State

City & State ORLANDO
WINTER GARDEN, FL

4. FEI Number

65-0877179

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAHN, TYLER
13613 CARROWAY ST
WINDERMERE, FL 34786

Name DAHN, TYLER

Street Address (P.O. Box Number is Not Acceptable)

12507 SCARLETT SAGE COURT 6312 Buford st
WINTER GARDEN, FL 32835

City WINTER GARDEN ORLANDO FL 32835

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DAHN, TYLER
13613 CARROWAY STREET
WINDERMERE, FL 34783 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DAHN, TYLER
12507 SCARLETT SAGE COURT
WINTER GARDEN, FL 34787 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAHN, TYLER
6312 Buford st. #505
ORLANDO FL. 32835 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #