## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2007 08:00 AM Secretary of State

ANNUAL REPURI					3an 00, 200 / 00.00				
DOCUMENT # P98000097809  1. Entity Name TYLER ENTERPRISES, INC.							Seci	retary of Sta	
Principal Place of Business 14448 IROQUOIS AVE. NORTH LARGO, FL 33774		oddress IROQUOIS AVE. NORTH FL 33774			1   <b>4 P</b>     <b>4 P</b>	18 18181 /81# 88## 88#H 1			
DO NOT WRITE IN THIS SPACE					01032007	No Chg-P	CR2	E034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	L	4. FEI Numb 59-354			Applied For Not Applicable	
					5. Certificate	of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Cu	rrent Registered A	Agont							
TYLER, LINDA J 14448 IROQUOIS AVE. NORTH					DO	NOT V	VRIT	E	
LARGO, FL 33774						THIS S			
					11.4	inis s	rac		
The above named entity submits this statem the obligations of registered agent.	ent for the purpose	e of changing its register	ed office or re	egistere	ed agent, or bo	oth, in the State of I	Florida 1 a	am familiar with, and accept	
SIGNATURE Signature is prod or printed name of repistered again and filtert applicable (NOTE Registored Agent signature				required	พกอกาสกระสบาสูร		<del>30057,</del> 7	<del>702</del> 25-019-158-00	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.					00 May Be d to Fees	1,00,0	<del>, 1000</del>	<del>co_</del> 01:3_13 <del>0100</del>	
	AND DIRECTORS								
IIILE D NAML TYLER, DENNIS R									
STREET ADDRESS 14448 IROQUOIS AVE. NO	RTH								
CIIY SI-ZIP LARGO, FL 33774									
TITLE D  NAME TYLER, LINDA J									
SIREET ADDRESS 14448 IROQUOIS AVE. NO	RTH								
CHY ST-ZIP LARGO, FL 33774			ł						
NAME			ŀ						
STREET ADDRESS CHY-SI-ZIP					DO	NOT V	VRIT	r <b>E</b>	
TIFLE			-						
NAME					IIA	THIS S	MAU		
STHEET ADDRESS CITY ST ZIP									
TITLE	**************************************		-						
NAME			1						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 outin; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60°, 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 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

1/4/07 727)595-1158