2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000063903

1. Entity Name
TYRONE PROPERTY, INC.

Principal Place of Business	Mailing Address
PO BOX 248 2513 GULF BLVD INDIAN ROCKS BEACH, FL 33785	PO BOX 248 INDIAN ROCKS BEACH, FL 33785

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3603743		Not Applicable

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

6. Name and Address of Current Registered Agent

GREENBERG, BERNARD Z
2513 N GULF BLVD
INDIAN ROCKS BEACH, FL 33785

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

000000107640
04/09/04-60022-019   150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	GREENBERG, BERNARD Z	
STREET ADDRESS	P O BOX 248	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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

SIGNATURE: _Bernard D Greenberg_   3/24/2004   727-595-3480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

BERNARD Z. GREENBERG