


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S17459 1. Entity Name COYLE REALTY, INC.	
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Principal Place of Business 3216 BAY TO BAY BOULEVARD TAMPA, FL 33629-7193	Mailing Address 3216 BAY TO BAY BOULEVARD TAMPA, FL 33629-7193
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3042236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COYLE, REGINA M 3216 BAY TO BAY BLVD TAMPA, FL 33629
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARGENT, JEANNE B 3216 BAY TO BAY BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COYLE, REGINA M 3216 BAY TO BAY BLVD. TAMPA, FL
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01/11/06-80043-023 150.00

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Jeanne B. Sargent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____