2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

t. Entity Name						Secretary of State
TYLER II, INC.			}	. }		
			}	{	The state of the s	
Principal Place	e of Business	_ Mailing A	ddress	1		
		R OAK PLACE				
		OAST FL 32137-8054		,	A CERTA BANKAN BANKAN KENDAN KERBERANAN PERENE PERU BANKAN BANKAN BANKAN BANKAN BANKAN BANKAN BANKAN BANKAN BA	
US		03	{			
Principal Place of Business 3. Mailing		3 Address			t (66% 20%) Stat ibred (10% safete (11 4/15), after niete Aren albit dibit asetione st 1951	
Suite, Apt. II, etc Suite		Suite, A	Apt. #, etc.			1st MOORE CR2E034 (10/05)
City & State City &		State			4. FEI Number Applied For	
City a state		Only &	\ \			65-0318188 Not Applicate
Zip	Country	Zip		Count	lry	5. Certificate of Status Desired \$8.75 Additional
				<u>.</u> ,		Fee Hedriked
	6. Name and Address of Cur	rent Registered i	igent		Name	7. Name and Address of New Registered Agent
SCOTT, BLAINE W., III			}			
4 WATER OAK PLACE			Street Address (I		Street Address (I	P.O. Box Number is Not Acceptable)
PALM COAST FL 32137-8054			}			
			}		City	Zip Code
					City	
		ent for the purpose	of changing it	ts registere	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accep-
irie obligar	ions of registered agent.		}			
SIGNATURE .	Constitute homes or married name of redshipself	and and the damphes	hic (MC	TF Banislases	n åderd eransture försureri	Uwhon reinstation() DA₹E
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$55	0.00				9. Election Campaign Financing \$5.00 May E
	Payable to Florida Departme		} }			Trust Fund Contribution. Added to Fees
10.	OFFICERS.	AND DIRECTORS	<u> </u>	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTSD		☐ Delete	arn:		☐ Change ☐ A time
NAME	SCOTT, III B W.		<u> </u>	NAM	1	
	4 WATER OAK PLACE PALM COAST FL 32137-8054		(}	1	ET ADORESS -ST-ZIP	
TITLE	VD -	-	Defete	TITLE		☐ Change ☐ AUSTI
NAME	SCOTT, MARY L	-	; Done	NAME		· -
STREET ADDRESS	4 WATER OAK PLACE		}	STRE	ET ADDRESS	UD0000431543 02/23/06-8002 3 -021 150.00
CITY-ST-ZIP	PALM COAST FL 32137-8054		}	CITY-	-ST-ZIP	
TITLE	:	=	☐ Detete	THILE)	☐ Change ☐ Addition
NAME STREET ADDRESS	<u>'</u>		,	NAMI STRE	ET ADDRESS	
CITY-SI-ZIP			}	R .	-ST-ZIP	
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NAME	·			NAMI	E	
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NAME			Delete	TIFLE	}	☐ Change ☐ Address
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CITY-ST-ZIP			(}	CITY-	-ST-ZIP	<u></u> -
THLE	-		☐ Derete	31712	:	☐ Change ☐ Addition
NAME			}	NAM	1	
STREET ADDRESS CITY-ST-ZIP			· {	2	ET ADDRESS - ST- ZIP	
ļ	certify that the information supplies	d with this filing a	nes not muslifi	<u> </u>	<u></u>	ed in Section 119, Florida Statutes. I further certify that the information
l sedicated	on this report or expolamental re-	and is true and ar	curate and the	t my einna	time chall have the	same legal effect as if made under oath: that t am an officer or director
of the corporation or the receiver of 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.						
	/ = /					

FILED

Feb 13, 2006 08:00 AM