

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # J01620 1. Entity Name SYMONS INTERNATIONAL GROUP (FLORIDA), INC.	
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Principal Place of Business 2300 GLADES ROAD EAST TOWER STE 135 BOCA RATON, FL 33431 US	Mailing Address 4720 KINGS WAY DRIVE INDIANAPOLIS, IN 46205 US
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05172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2667118	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FELLOWS, NANCY 2300 GLADES RD E TOWER STE 135 BOCA RATON, FL 33431
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**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SYMONS, G. GORDON 4720 KINGSWAY DR INDIANAPOLIS, IN 46205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SYMONS, DOUGLAS H. 4720 KINGSWAY DR. INDIANAPOLIS, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000566353
05/30/06-80006-014 550.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/06 (317) 613-4170
Date Daytime Phone #