2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L98093

Entity Name: SYDNEY & COMPANY INC

FILED May 01, 2009 Secretary of State

	OIDINET	Q 0011111	7 (T 1 (C)			
Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
2901 W. BA BELLEAIR	AY DR. BLUFFS, FL (33770	US			
Current Mailing Address:				New Mailing Addres	New Mailing Address:	
2901 W. BA BELLEAIR	AY DR. BLUFFS, FL (33770	US			
FEI Number:	59-3023599	FEI Nui	mber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
SID J. MUL 3723 SHAI LARGO, FI	DY BLUFFS DF					
The above in the State		submits t	his statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signa	ture of Registered Age	ent	Date	
		. , . , ,	S., the corporation did no not not not not not not not not not	at receive the prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MULLINS, SHAF 3723 SHADY BI LARGO, FL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () MULLINS, SID 3723 SHADY BI LARGO, FL	Delete LUFFS DR	IVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON MULLINS PRES 05/01/2009