


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 562501 1. Entity Name SYKES SUPPLY, INC.	
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Principal Place of Business 8803 ELY ROAD P.O. BOX 15667 PENSACOLA, FL 32514	Mailing Address P.O. BOX 15667 PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1807331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BELL, RANDALL R., JR.
8803 ELY BLVD.
PENSACOLA, FL 32514

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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 _____
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, 2005 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	D BELL, RANDALL III 8803 ELY ROAD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, RANDALL JR. 8803 ELY RD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAGGETT, HENRY 8803 ELY ROAD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHEM, SPENCER 8803 ELY ROAD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SYKES, JAMES B 8803 ELY RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000212738
02/03/05-80041-012 150.00

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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: James B. Sykes JAMES B. SYKES (1-31-05) (850) 476-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #