

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91251 002 ***150.00

DOCUMENT # F02000000037



1. Entity Name
SYMITAR SYSTEMS, INC.

Principal Place of Business
**404 CAMINO DEL RIO SOUTH
STE 200
SAN DIEGO, CA 65708**

Mailing Address
**PO BOX 807
MONETT, MO 65708**

94083549



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0039345	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

**LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORMODE, BRUCE
STREET ADDRESS	404 CAMINO DEL RIO SOUTH STE 200
CITY - ST - ZIP	SAN DIEGO, CA
TITLE	V
NAME	HENRY, MICHAEL E
STREET ADDRESS	663 WEST HWY
CITY - ST - ZIP	MONETT, MO
TITLE	S
NAME	GRAY, JANET E
STREET ADDRESS	663 WEST HWY
CITY - ST - ZIP	MONETT, MO
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Kevin D. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN D. WILLIAMS
TREASURER

4/30/04 **417-235-6652**
Date Daytime Phone #