

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000002149
 1. Entity Name
 SYRACUSE METRO ABSTRACT CO., INC.



Principal Place of Business
 6505A BASILE ROWE
 EAST SYRACUSE, NY 13057

Mailing Address
 6505A BASILE ROWE
 EAST SYRACUSE, NY 13057



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 16-1344207

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 PRIMO, ROBERT N
 901 SW MARTIN DOWNS BLVD., #200F
 PALM CITY, FL 34990

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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: *Robert N Primo* (NOTE: Registered Agent signature required when reinstating) DATE: *1/16/07*

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000605795
 01/30/07-80051-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZENS, SANDRA L
STREET ADDRESS	6505A BASILE ROWE
CITY-ST-ZIP	EAST SYRACUSE, NY 13057
TITLE	VP
NAME	PRIMO, MARY BETH
STREET ADDRESS	6505A BASILE ROWE
CITY-ST-ZIP	EAST SYRACUSE, NY 13057
TITLE	VP
NAME	NESCI, TRUDY L
STREET ADDRESS	6505A BASILE ROWE
CITY-ST-ZIP	EAST SYRACUSE, NY 13057
TITLE	ST
NAME	ZENS, DAVID
STREET ADDRESS	6505A BASILE ROWE
CITY-ST-ZIP	EAST SYRACUSE, NY 13057
TITLE	AVP
NAME	PRIMO, STEVEN
STREET ADDRESS	7075 MANLIUS CENTER RD.
CITY-ST-ZIP	EAST SYRACUSE, NY 13057
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *X [Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: *1/11/07* Daytime Phone #: *315-474-1214*