

**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**

**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

*Robert N Primo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/16/07*

DATE

**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

**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:

*X Daniel A. Primo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/07*

DATE

*315-474-1214*

Daytime Phone #