


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 A
Secretary of State

DOCUMENT # F05000005649	
1. Entity Name SYMCOR INC.	

Principal Place of Business 2701 WESTPORT ROAD CHARLOTTE, NC 28208	Mailing Address 2701 WESTPORT ROAD CHARLOTTE, NC 28208
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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0644739	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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 _____ 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, 2006 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	PD KILROY, ED 2701 WESTPORT ROAD CHARLOTTE, FL 28208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MERRELL, BENNY 2701 WESTPORT ROAD CHARLOTTE, FL 28208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EISEN, GARY D 2701 WESTPORT ROAD CHARLOTTE, FL 28208
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/17/06-90121-025 150.00

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: Gary D. Eisen **Gary D. Eisen, Secretary** **April 24, 2006** **905-273-1337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #