

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005850

1. Entity Name
SYNSOR CORPORATION



Principal Place of Business
1920 MERRILL CREEK PARKWAY
EVERETT, WA 98203

Mailing Address
1920 MERRILL CREEK PARKWAY
EVERETT, WA 98203



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number
91-0884162

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARFIELD, WAYNE
C/O STEVE WARD & ASSOCIATES
2106 N.W. 67TH PLACE, SUITE 1
GAINESVILLE, FL 32653

**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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BULLOCK, GARY
STREET ADDRESS 1920 MERRILL CREEK PARKWAY
CITY-ST-ZIP EVERETT, WA 98203

TITLE VD
NAME TOMLINSON, MARK
STREET ADDRESS 1920 MERRILL CREEK PARKWAY
CITY-ST-ZIP EVERETT, WA 98203

TITLE SD
NAME ROADHOUSE, JAMES
STREET ADDRESS 1920 MERRILL CREEK PARKWAY
CITY-ST-ZIP EVERETT, WA 98203

TITLE TCDK
NAME KRAMER, ED
STREET ADDRESS 1920 MERRILL CREEK PARKWAY
CITY-ST-ZIP EVERETT, WA 98203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000769442
07/19/07-80001-008 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #