


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000002054
1. Entity Name
CYRCO, INCORPORATED



Principal Place of Business
7611 BOEING DRIVE
GREENSBORO, NC 27417 US

Mailing Address
P.O. BOX 7292
GREENSBORO, NC 27417

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
56-1278914

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 27417

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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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	PDC COUTURE, PETER A 2125 EAGLE VALLEY CT KERNERSVILLE, NC 27284
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COUTURE, PAUL 6111 N CHURCH ST GREENSBORO, NC 27455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MGEE, PAULA 4707 WELLFORD CT JAMESTOWN, NC 27282
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/07/04-80004-017 150.00

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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: *Paula C. McGee* *4-30-04* *336-668-0977*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #