

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90502 049 \*\*\*150.00

**20054002**



04212005 Chg-P CR2E034 (10/03)

4. FEI Number **56-1278914** Applied For  Not Applicable

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

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PDC**  Delete  
 NAME **COUTURE, PETER A**  
 STREET ADDRESS **2125 EAGLE VALLEY CT**  
 CITY-ST-ZIP **KERNERSVILLE, NC 27284**

Change  Addition  
 NAME **317 SUZANNA DRLOE**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **COUTURE, PAUL**  
 STREET ADDRESS **6111 N CHURCH ST**  
 CITY-ST-ZIP **GREENSBORO, NC 27455**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **MGEE, PAULA**  
 STREET ADDRESS **4707 WELLFORD CT**  
 CITY-ST-ZIP **JAMESTOWN, NC 27282**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
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 STREET ADDRESS  
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 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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* *Paula C. McGee* *4-29-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #