


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED

04 JAN 26 AM 9:51

SECRETARY OF STATE -  
TALLAHASSEE, FLORIDA

**DOCUMENT # F98000001878**  
1. Entity Name  
COYNE INTERNATIONAL ENTERPRISES CORP.



Principal Place of Business: 712 LAKE MIRROR DR. LAKELAND, FL 33801  
Mailing Address: 140 CORTLAND AV. PO BOX 4854 SYRACUSE, NY 13221

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number: 16-6040758  
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**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	CEOP
NAME	COYNE, THOMAS M
STREET ADDRESS	140 CORTLAND AVENUE
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	AT
NAME	RYAN, RAYMOND T
STREET ADDRESS	140 CORTLAND AVENUE
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	D
NAME	CROWLEY, THOMAS C
STREET ADDRESS	18 CORPORATE WOODS BLVD 4TH FL
CITY-ST-ZIP	ALBANY, NY 12211
TITLE	VP
NAME	PRBEDINSKY, ALEXANDER
STREET ADDRESS	140 CORTLAND AVE
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	VCFO
NAME	OWEN, STEPHEN M
STREET ADDRESS	140 CARTLAND AVE
CITY-ST-ZIP	SYRACUSE, NY 13221
TITLE	VP
NAME	O'CONNOR, ANTHONY F
STREET ADDRESS	655 AMBOY AVE B WING 2ND FL
CITY-ST-ZIP	WOODBRIIDGE, NJ 07095

**DO NOT WRITE IN THIS SPACE**

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01/26/04--01097--024 \*\*150.00

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: Raymond T Ryan, Raymond T Ryan, Assistant 1-29-04 315-475-1626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #