2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000005813

1. Entity Name
SYSLANTIC, INC.

Principal Place of Business	Mailing Address
852 LAKE MILLS ROAD CHULUOTA, FL 32766	852 LAKE MILLS ROAD CHULUOTA, FL 32766

DO NOT WRITE IN THIS SPACE

01252006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
58-2172525		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YAPAOLO, ANTHONY
852 LAKE MILLS ROAD
CHULUOTA, FL 32766

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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)

||00000513582|| DATE
04/29/06-80133-022 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YAPAOLO, ANTHONY
STREET ADDRESS	852 LAKE MILLS ROAD
CITY-ST-ZIP	CHULUOTA, FL 32766

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Anthony Yapaolo_ ANTHONY YAPAOLO   Apr. 15, 2006   407-458-1079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #