# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2005**
**Secretary of State**

DOCUMENT# J35101

**Entity Name:** THE SY-KLONE COMPANY

**Current Principal Place of Business:**

6593 POWERS AVENUE, SUITE 17
JACKSONVILLE, FL 322172853 US

**New Principal Place of Business:**

6593 POWERS AVENUE
SUITE 17
JACKSONVILLE, FL 322172853 US

**Current Mailing Address:**

P.O. BOX 550859
JACKSONVILLE, FL 322550859 US

**New Mailing Address:**

**FEI Number: 59-2716912** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOULD, STEPHEN A
920D THIRD STREET
NEPTUNE BEACH, FL 32266 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete
Name: MOREDOCK,, WILLIAM J
Address: 6593 POWERS AVE, SUITE 17
City-St-Zip: JACKSONVILLE, FL 322172853 US

Title: PD ( ) Delete
Name: MOREDOCK, JAMES G
Address: 6593 POWERS AVE, SUITE 17
City-St-Zip: JACKSONVILLE, FL 322172853 US

Title: D ( ) Delete
Name: ANDERSON, WARREN
Address: 6593 POWERS AVE, SUITE 17
City-St-Zip: JACKSONVILLE, FL 322172853 US

Title: TSD ( ) Delete
Name: MOREDOCK, FRANCES P
Address: 6593 POWERS AVE, SUITE 17
City-St-Zip: JACKSONVILLE, FL 322172853 US

Title: D ( ) Delete
Name: HOULD, STEPHEN A
Address: 6593 POWERS AVE, SUITE 17
City-St-Zip: JACKSONVILLE, FL 322172853 US

Title: D ( ) Delete
Name: BROWN, DAVID
Address: 6593 POWERS AVE, SUITE 17
City-St-Zip: JACKSONVILLE, FL 322172853 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. MOREDOCK PD 04/27/2005
Electronic Signature of Signing Officer or Director Date