


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # J35101 1. Entity Name THE SY-KLONE COMPANY	
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Principal Place of Business 6593 POWERS AVENUE SUITE 17 JACKSONVILLE, FL 32217-2853 US	Mailing Address P.O. BOX 550859 JACKSONVILLE, FL 32255-0859 US
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02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2716912	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent HOULD, STEPHEN A 920D THIRD STREET NEPTUNE BEACH, FL 32266

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000868293 04/03/08 00000 000 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOREDOCK, WILLIAM J 6593 POWERS AVE, SUITE 17 JACKSONVILLE, FL 322172853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOREDOCK, JAMES G 6593 POWERS AVE, SUITE 17 JACKSONVILLE, FL 322172853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, WARREN 6593 POWERS AVE, SUITE 17 JACKSONVILLE, FL 322172853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MOREDOCK, FRANCES P 6593 POWERS AVE, SUITE 17 JACKSONVILLE, FL 322172853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOULD, STEPHEN A 6593 POWERS AVE, SUITE 17 JACKSONVILLE, FL 322172853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DAVID 6593 POWERS AVE, SUITE 17 JACKSONVILLE, FL 322172853

DO NOT WRITE IN THIS SPACE

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 or without like empowered.

SIGNATURE: 	2/29/08	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			