


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90313 001 \*\*\*150.00

<b>DOCUMENT # J44610</b>	
<b>1. Entity Name</b> SYNDICATED CAPITAL DEVELOPMENT, INC.	

<b>Principal Place of Business</b> 8250 NW 136TH AVE RD OCALA FL 34482	<b>Mailing Address</b> 138 PALM COAST PKWY NE #334 PALM COAST FL 32137
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94049900



MOORE CR2E034 (11/03)

<b>2. Principal Place of Business</b> 138 Palm Coast Pkwy NE Suite, Apt. #, etc. #334 City & State Palm Coast, FL Zip 32137	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Country USA
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<b>4. FEI Number</b> 59-2776673	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> O'REILLY, L. P. 5 CORONA COURT PALM COAST FL 32137
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<b>7. Name and Address of New Registered Agent</b> Name O'Reilly, L. P. Street Address (P.O.-Box Number is Not Acceptable) 146 Island Estates Pkwy. City Palm Coast FL Zip Code 32137
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<b>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.</b> SIGNATURE Lawrence P. O'Reilly Date 4-8-04
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE VP NAME OREILLY, LAWRENCE P SR. STREET ADDRESS 5 CORONA COURT CITY-ST-ZIP PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE P NAME OREILLY, EILEEN M STREET ADDRESS 5 CORONA COURT CITY-ST-ZIP PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME O'Reilly, Lawrence P. Sr. STREET ADDRESS 146 Island Estates Pkwy. CITY-ST-ZIP Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME O'Reilly, Eileen M. STREET ADDRESS 146 Island Estates Pkwy. CITY-ST-ZIP Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b> SIGNATURE: Lawrence P. O'Reilly Date: 4-8-04 (386) 446-8813
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