# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # J59593**

**1.** Entity Name

S.Y.L., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % NESTOR LYS<br>280 S. CENTER STREET<br>PIERSON FL 32180 | % NESTOR LYS<br>280 S. CENTER STREET<br>PIERSON FL 32180 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

MOORE    CR2E034 (11/03)

**4.** FEI Number  59-2876617    Applied For / Not Applicable

**5.** Certificate of Status Desired  ☑  **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LYS, NESTOR<br>284 S. CENTER STREET<br>PIERSON FL 32180 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City    FL    Zip Code |

**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)    DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

**9.** Election Campaign Financing Trust Fund Contribution. ☐    **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE DP<br>NAME LYS, NESTOR<br>STREET ADDRESS 284 S CENTER ST<br>CITY-ST-ZIP PIERSON FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE DV<br>NAME LYS, ROMAN<br>STREET ADDRESS 284 S CENTER ST<br>CITY-ST-ZIP PIERSON FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE DT<br>NAME LYS, SAWA<br>STREET ADDRESS 284 S CENTER ST<br>CITY-ST-ZIP PIERSON FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE DS<br>NAME LYS, MARI<br>STREET ADDRESS 284 S CENTER ST<br>CITY-ST-ZIP PIERSON FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

**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:** X _____    Roman Lys    04.29.04    (386) 749-4141

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