

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # K06471

1. Entity Name
SYN-TECH SYSTEMS, INC.



Principal Place of Business
**100 FOUR POINTS WAY POB 5258
TALLAHASSEE, FL 32305 US**

Mailing Address
**PO BOX 5258
TALLAHASSEE, FL 32314-2258**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2862052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUNLAP, DOUGLAS R.
100 FOUR POINTS WAY
TALLAHASSEE, FL 32310**

**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

D.R. Dunlap

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/5/06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DUNLAP, DOUGLAS R.
5379 PEMBRIDGE PLACE
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
POLLOCK, STEPHEN F.
3040 CARLOW CIRCLE
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
OGLESBY, DAVID B.
2917 IVANHOE ROAD
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000568485
07/07/06-80010-017 150.00

**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 all other like empowered.

SIGNATURE:

D.R. Dunlap
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS R. DUNLAP

7/06/06

Date

850/878-2558

Daytime Phone #