

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 30, 2007 08:00 AM
Secretary of State**

DOCUMENT # K06471
1. Entity Name
SYN-TECH SYSTEMS, INC.



Principal Place of Business Mailing Address
100 FOUR POINTS WAY POB 5258 PO BOX 5258
TALLAHASSEE, FL 32305 US TALLAHASSEE, FL 32314-2258

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2862052 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

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	
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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 1/10/07 878-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DOUGLAS R. DUNLAP