

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90086 030 \*\*\*150.00

**DOCUMENT # L01400**

1. Entity Name

THE SYDGAN CORPORATION



Principal Place of Business

533 W. NEW ENGLAND AVE  
SUITE C  
WINTER PARK, FL 32789 US

Mailing Address

P.O. BOX 350  
WINTER PARK, FL 32790-0350 US

**40009745**



01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2958267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~BELLOWS DANIEL B.~~  
533 W. NEW ENGLAND AVE  
SUITE C  
WINTER PARK, FL 32789

*LAURA MOA*

**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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

*LAURA MOA*

(NOTE: Registered Agent signature required when reinstating)

*1-28-07*

DATE

**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  
DPST  
BELLOWS, DANIEL B  
PO BOX 350  
WINTER PARK, FL 327900350

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
MOA, LAURA  
PO BOX 350  
WINTER PARK, FL 327900350

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Daniel B. Bellows*

*1-28-07*

Date

*407-644-3151*

Daytime Phone #