

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90182 001 ***150.00

DOCUMENT # L78994

1. Entity Name
SY'S SUPPLIES WEST, INC.



Principal Place of Business
**2100 J & C BLVD.
NAPLES, FL 34109 US**

Mailing Address
**2100 J & C BLVD.
NAPLES, FL 33109 US**



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0196130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**APPLEBAUM, DAVID
2100 J & C BLVD.
NAPLES, FL 34109**

**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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	APPLEBAUM, DAVID
STREET ADDRESS	2100 J & C BLVD.
CITY - ST - ZIP	NAPLES, FL
TITLE	P
NAME	APPLEBAUM, SEYMOUR
STREET ADDRESS	235 N. JOG RD.
CITY - ST - ZIP	WEST PALM BEACH, FL
TITLE	VP
NAME	Susan Applebaum
STREET ADDRESS	235 N. Jog Road
CITY - ST - ZIP	West Palm Beach FL 33413
TITLE	
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S. Applebaum **S. APPLEBAUM** 4/21/06