


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L98093 1. Entity Name SYDNEY & COMPANY INC.	
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Principal Place of Business 2901 W. BAY DR. BELLEAIR BLUFFS, FL 33770 US	Mailing Address 2901 W. BAY DR. BELLEAIR BLUFFS, FL 33770 US
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01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3023599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SID J. MULLINS
 3723 SHADY BLUFFS DRIVE
 LARGO, FL 33770

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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: *Sid Mullins Jr* DATE: 1-31-08

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

02/12/08-90024-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLINS, SHARON L. 3723 SHADY BLUFFS DR. LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULLINS, SID 3723 SHADY BLUFFS DRIVE LARGO, FL
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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: *Sid Mullins Jr* DATE: 1-31-08

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