


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90511 034 ****70.00

DOCUMENT # N03000006752

1. Entity Name
 FRIENDS OF SYNCHRO, INC.



Principal Place of Business
 284 KATHERINE BLVD., #8201
 PALM HARBOR, FL 34684

Mailing Address
 284 KATHERINE BLVD., #8201
 PALM HARBOR, FL 34684

50045067



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04272005 Chg-NP CR2E037 (10/03)

4. FEI Number
 32-0088989

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZOHN, JODY B
 284 KATHERINE BLVD., #8201
 PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

B. 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

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZOHN, JODY B	
STREET ADDRESS	284 KATHERINE BLVD., #8201	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, JEAN	
STREET ADDRESS	10749 126 AVE NORTH	
CITY-ST-ZIP	LARGO, FL 33778	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNELL, JAYNE	
STREET ADDRESS	3118 BLUE HERON ST	
CITY-ST-ZIP	SAFETY HARBOR, FL 34696	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE, DAVID	
STREET ADDRESS	105 HARBOR WOODS CIR	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Jody B. Zohn Jody B. Zohn 4/27/05 727-588-5196
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #