
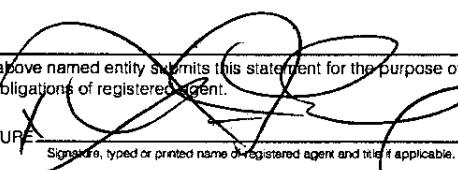
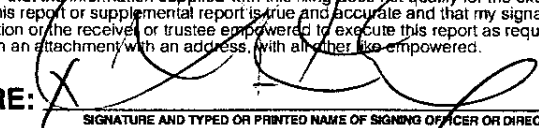


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90008 016 ***150.00

DOCUMENT # P01000003949			
1. Entity Name THE SYMPHONY GROUP, INC.			
Principal Place of Business 1054 KINGS AVE JACKSONVILLE, FL 32207		Mailing Address 1054 KINGS AVE JACKSONVILLE, FL 32207	
2. Principal Place of Business 4800 Beach Blvd		3. Mailing Address 4800 Beach Blvd	
Suite, Apt. #, etc. Suite 10		Suite, Apt. #, etc. Suite 10	
City & State Jax FL		City & State Jax FL	
Zip 32207	Country USA	Zip 32207	Country USA
6. Name and Address of Current Registered Agent PECCI, LOUIS 1054 KINGS AVE JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Pecci, Louis Street Address (P.O. Box Number is Not Applicable) 4800 Beach Blvd Suite 10 City Jax FL Zip Code 32207	
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:  (NOTE: Registered Agent signature required when re-registering) DATE 7-10-04			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete PECCI, LOUIS 1371 RIVER HILLS CT JACKSONVILLE, FL 32207	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: 		Date 7-10-04 Daytime Phone # 904-398-9900	