


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000031819 1. Entity Name SYNDICATED SYBLINGS, INC.	
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Principal Place of Business
2709 JEFFCOTT ST
FT MYERS, FL 33901

Mailing Address
2709 JEFFCOTT ST
FT MYERS, FL 33901



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0418767	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRELL, CARM
17901 DEVORE LN
FT MYERS, FL 33913

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000107599

01/09/04 00021 015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TERRELL, CARM T 17901 DEVORE LN FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMPSON, GAY R 11604 TIMBERLINE CIR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMPSON, W B 30 TIMBERLANE CIR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMPSON, T N 1359 CURRIER CIR FORT MYERS, FL 33919
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

Daytime Phone #