

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90241 027 \*\*\*150.00

**DOCUMENT # P03000059159**

1. Entity Name

CYMBOLS, INC.



Principal Place of Business

2605 KURT STREET  
SUITE B  
EUSTIS FL 32726  
US

Mailing Address

2605 KURT STREET  
SUITE B  
EUSTIS FL 32726  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number  
90-0086131

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICKETT, JACK  
2605 KURT STREET  
SUITE B  
EUSTIS FL 32726

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 contributing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME PRICKETT, CINDY  
STREET ADDRESS 2605 KURT STREET, SUITE C  
CITY-STATE-ZIP EUSTIS FL 32726

TITLE VPT ☐ Delete  
NAME PRICKETT, JACK  
STREET ADDRESS 2605 KURT STREET, SUITE C  
CITY-STATE-ZIP EUSTIS FL 32726

TITLE D ☐ Delete  
NAME MCCAIN, CHRISTY  
STREET ADDRESS 1708 NORTH AVENUE  
CITY-STATE-ZIP CHATTAHOONAH TN 37405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME SUITE B  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition  
NAME SUITE B  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition  
NAME 1416 WINDING WAY  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lines empowered.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

4/11/08

352-978-2443

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Daytime Phone