


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90042 005 ***150.00

DOCUMENT # P03000094209	
1. Entity Name SYMPHONY LENDING COMPANY INC.	

Principal Place of Business 2215 NORTH MILITARY TRAIL SUITE F WEST PALM BEACH, FL 33409	Mailing Address 2215 NORTH MILITARY TRAIL SUITE F WEST PALM BEACH, FL 33409
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03031140

2. Principal Place of Business 8895 NORTH MILITARY TRAIL	3. Mailing Address 8895 NORTH MILITARY TRAIL
Suite, Apt. #, etc. SUITE - E-206	Suite, Apt. #, etc. SUITE E-206
City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL
Zip 33410	Country PALM BEACH



03252004 Chg-P CR2E034 (10/03)

4. FCI Number 20-0183-384	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MITCHELL I. KITROSER, P.A. 2215 NORTH MILITARY TRAIL SUITE F WEST PALM BEACH, FL 33409	7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 8895 NORTH MILITARY TRAIL SUITE E-206 City PALM BEACH GARDENS FL Zip Code 33410
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITROSER, MITCHELL I 2215 NORTH MILITARY TRAIL #F WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **3/30/04** **561-616-0092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #