

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90012 037 \*\*\*150.00

<b>DOCUMENT # P04000061928</b>					
<b>1. Entity Name</b> SYMMES ENTERPRISES, INC.					
<b>Principal Place of Business</b> 1860 TAMiami TRAIL NORTH NAPLES, FL 34102			<b>Mailing Address</b> 11881 NW 7TH STREET PLANTATION, FL 33325		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> 1860 TAMiami TRAIL NORTH		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State NAPLES FL		
Zip		Country		Zip 34102	
Country		Country COLLIER		07062005 Chg-P CR2E034 (10/03)	
<b>4. FEI Number</b> 20-1039613				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SYMMES, GREGORY 11881 NW 7TH STREET PLANTATION, FL 33325			<b>7. Name and Address of New Registered Agent</b> Name: Gregory T Symmes Street Address (P.O. Box Number is Not Acceptable): 693 LAMBTON LANE City: NAPLES FL Zip Code: 34104		
<b>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.</b> SIGNATURE: <i>Gregory T Symmes</i> DATE: June 31, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYMMES, GREGORY 11881 NW 7TH STREET PLANTATION, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Gregory T Symmes 693 LAMBTON LANE NAPLES FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Gregory T Symmes</i>			June 31 2005 239 877 9648 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		