


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90084 045 \*\*\*150.00

<b>DOCUMENT # P06000086039</b>					
<b>1. Entity Name</b> SYCOM SERVICES, INC.					
<b>Principal Place of Business</b> 9485 REGENCY SQUARE BLVD - STE 340 JACKSONVILLE, FL 32225			<b>Mailing Address</b> 9485 REGENCY SQUARE BLVD - STE 340 JACKSONVILLE, FL 32225		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 52-1631648	
<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>			<b>7. Name and Address of New Registered Agent</b>		
SELF, DON 9485 REGENCY SQUARE BLVD STE 305 JACKSONVILLE, FL 32225			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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: <u>Don Self</u> <span style="float: right;">1/11/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> TURSO, SAL <input checked="" type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9485 REGENCY SQUARE BLVD - STE 305	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32225		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b> <u>See Attachment "A"</u>	
<b>TITLE</b> VP	<b>NAME</b> SELF, DON <input checked="" type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9485 REGENCY SQUARE BLVD - STE 305	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32225		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.</b>					
<b>SIGNATURE:</b> <u>DRSELF</u> <span style="float: right;">1/11/08 807 1452</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40008380



# ATTACHMENT 40008380

~~#00600086039~~  
Attachment A

## Schedule of Officers and Directors Sycom Services, Inc

0

Title: P/D  
Name: Keenan, Mike  
Address: 9485 Regency Square Boulevard, Suite 300  
City-ST-Zip: Jacksonville, FL 32225

Title: S/T  
Name: Self, Don  
Address: 9485 Regency Square Boulevard, Suite 300  
City-ST-Zip: Jacksonville, FL 32225

Title: D  
Name: Turso, Sal  
Address: 9485 Regency Square Boulevard, Suite 300  
City-ST-Zip: Jacksonville, FL 32225