


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90239 043 ***150.00

| | | | | | |
|--|---|---|---|--|-------------------------------------|
| DOCUMENT # P06000123089 1. Entity Name SYM CONSTRUCTION, INC. | | | |  | |
| Principal Place of Business 47 LAKE VILLA WAY KISSIMMEE, FL 34743 | | | Mailing Address 47 LAKE VILLA WAY KISSIMMEE, FL 34743 | | |
| 2. Principal Place of Business - No P.O. Box # 9020 CONCORD Rd Suite, Apt. #, etc. | | 3. Mailing Address 9020 CONCORD Rd Suite, Apt. #, etc. | | | |
| City & State SAINT CLOUD FL | | City & State SAINT CLOUD, FL | | 4. FEI Number 20-5608468 | |
| Zip 34773 | | Country OSCEOLA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MIRANDA, SUZANNE 47 LAKE VILLA WAY KISSIMMEE, FL 34743 | | | 7. Name and Address of New Registered Agent Name SUZANNE MIRANDA Street Address (P.O. Box Number is Not Acceptable) 9020 CONCORD Rd City SAINT CLOUD FL Zip Code 34773 | | |
| 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, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MIRANDA, SUZANNE 47 LAKE VILLA WAY KISSIMMEE, FL 34743 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SUZANNE MIRANDA 9020 CONCORD Rd SAINT CLOUD FL 34773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MIRANDA, ANTONE 47 LAKE VILLA WAY KISSIMMEE, FL 34743 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ANTONE MIRANDA 9020 CONCORD Rd SAINT CLOUD FL 34773 <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 | |
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| 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. | | | | | |
| SIGNATURE: <u>Suzanne Miranda</u> SUZANNE MIRANDA | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 4-30-08 | | Daytime Phone # 407-498-0908 |