2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000013542

1. Entity Name
SYMI, INC.

Principal Place of Business	Mailing Address
258 RIBERIA ST S ST AUGUSTINE, FL 32084	258 RIBERIA ST ST AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

03162006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3157664	Not Applicable

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

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6. Name and Address of Current Registered Agent

XYNIDES, NICHOLAS H
258 RIBERIA ST
ST AUGUSTINE, FL 32084

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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 _____   DATE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	XYNIDES, NICHOLAS H
STREET ADDRESS	2564 SHORE DR S
CITY-ST-ZIP	ST AUGUSTINE, FL 32086

TITLE	Secretary
NAME	Eleni X. DeMott
STREET ADDRESS	1724 Dartmoor Lane
CITY-ST-ZIP	St. Augustine, Fl 32095

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4-11-06   (904) 824-3446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #