


2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90042 036 ***150.00

DOCUMENT # P94000076777			
1. Entity Name SAYNCO, INC.			
Principal Place of Business 562 EAST WOOLBRIGHT ROAD BOYNTON BEACH FL 33435		Mailing Address 562 EAST WOOLBRIGHT ROAD BOYNTON BEACH FL 33435	
2. Principal Place of Business 562 E. WOOLBRIGHT RD		3. Mailing Address 562 E. WOOLBRIGHT RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH		City & State BOYNTON BEACH	
Zip 33435	Country PALM BEACH	Zip 33435	Country PALM BEACH
6. Name and Address of Current Registered Agent SAYNE, MICHAEL 562 EAST WOOLBRIGHT ROAD BOYNTON BEACH FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 amending)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAYNE, MICHAEL 562 EAST WOOLBRIGHT RD BOYNTON BEACH FL 33435 <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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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: Michael Sayne **OWNER** 1-30-05 561-738-6002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #