

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90080 021 ***158.75

DOCUMENT # P95000025812 1. Entity Name SYSPROD DESIGNS, INCORPORATED			
Principal Place of Business 11500 S.W. 20TH ST. DAVIE, FL 33325		Mailing Address 11500 S.W. 20TH ST. DAVIE, FL 33325	
2. Principal Place of Business 310 SW Hydraulic Way Suite, Apt. #, etc.		3. Mailing Address 310 SW Hydraulic Way Suite, Apt. #, etc.	
City & State LAKE CITY, FLORIDA Zip 32024 Country USA		City & State LAKE CITY, FLORIDA Zip 32024 Country USA	
4. FEI Number 65-0665318		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBRIGHT, BARBARA 11500 S.W. 20TH ST. DAVIE, FL 33325		7. Name and Address of New Registered Agent Name ALBRIGHT, BARBARA Street Address (P.O. Box Number is Not Acceptable) 310 SW Hydraulic Way City LAKE CITY FL Zip Code 32024	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		BARBARA ALBRIGHT <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOWH FEE IS \$150.00 After May 1, 2005 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 PD NAME ALBRIGHT, BARBARA STREET ADDRESS 11500 S.W. 20TH ST. CITY-ST-ZIP DAVIE, FL 33325	<input type="checkbox"/> Delete	TITLE PD NAME ALBRIGHT, BARBARA STREET ADDRESS 310 SW Hydraulic Way CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME ALBRIGHT, JOHN STREET ADDRESS 11500 S.W. 20TH ST. CITY-ST-ZIP DAVIE, FL 33325	<input type="checkbox"/> Delete	TITLE V NAME ALBRIGHT, JOHN STREET ADDRESS 310 SW Hydraulic Way CITY-ST-ZIP LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ALBRIGHT, STEVEN STREET ADDRESS 11500 S.W. 20TH ST. CITY-ST-ZIP DAVIE, FL 33325	<input type="checkbox"/> Delete	TITLE S NAME ALBRIGHT, STEVEN STREET ADDRESS 310 SW Hydraulic Way CITY-ST-ZIP LAKE CITY, FL 32024	<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
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		BARBARA ALBRIGHT PRESIDENT Date 4/5/05 Daytime Phone # 386 752 0732	

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