


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000019270
 1. Entity Name
SYKES ENTERPRISES, INCORPORATED



Principal Place of Business 400 NORTH ASHLEY DRIVE SUITE 2800 TAMPA, FL 33602 US	Mailing Address 400 NORTH ASHLEY DRIVE SUITE 2800 TAMPA, FL 33602 US
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1383460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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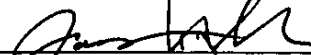
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SYKES, CHARLES E 400 NORTH ASHLEY DRIVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KIPPHUT, W MICHAEL 400 NORTH ASHLEY DRIVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMS, H PARKS 301 S TRYON STREET SUITE 1500 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEURER, WILLIAM J 400 NORTH ASHLEY DRIVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITING, PAUL L 400 N. ASHLEY DRIVE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLDER, JAMES T 400 N. ASHLEY TAMPA, FL 33602

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 03/26/07-80009-010 150.00

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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:  **James T. Holder**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary** **813-470-3339**
Date Daytime Phone #