

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033985

Entity Name: SYMOGRAPHY, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

38435 NORTH AVE
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

38435 NORTH AVE
ZEPHYRHILLS, FL 33542

New Mailing Address:

FEI Number: 59-3446979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EBERLE, LAWRENCE
6765 COPPERFIELD DR
NEW PORT RICHEY, FL 34655

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EBERLE, LAWRENCE
Address: 6765 COPPERFIELD DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: RIDDLE, WILLIAM
Address: 39021 11TH AVENUE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: PS () Delete
Name: EBERLE, LAWRENCE
Address: 6765 COPPERFIELD DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP () Delete
Name: RIDDLE, WILLIAM
Address: 39021 11TH AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: T () Delete
Name: RIDDLE, CAROL
Address: 39021 11TH AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM RIDDLE

D

01/06/2004

Electronic Signature of Signing Officer or Director

Date