


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90003 012 \*\*\*550.00

**DOCUMENT # P98000012957**

1. Entity Name  
**SYCOM SURGE PROTECTION, INC**



|   |   |
|---|---|
| Principal Place of Business<br><b>3734 131ST AVE N<br/>         SUITE 11<br/>         CLEARWATER, FL 33762 US</b> | Mailing Address<br><b>3734 131ST AVE N<br/>         SUITE 11<br/>         CLEARWATER, FL 33762 US</b> |
|---|---|

**50061039**



|   |   |
|---|---|
| 2. Principal Place of Business<br><b>3734 131st Ave N</b> | 3. Mailing Address<br><b>3734 131st Ave N</b> |
| Suite, Apt. #, etc.<br><b>Suite 8</b>                     | Suite, Apt. #, etc.<br><b>Suite 8</b>         |

07212005 Chg-P CR2E034 (10/03)

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>Clearwater FL</b> | City & State<br><b>Clearwater FL</b> |
| Zip<br><b>33762</b>                  | Country<br><b>US</b>                 |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3492163</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75-Additional Fee Required</b>     |
| <b>6. Name and Address of Current Registered Agent</b>  |
| <b>CORPORATION SERVICE COMPANY<br/>         1201 HAYS STREET<br/>         TALLAHASSEE, FL 32301</b> |
| <b>7. Name and Address of New Registered Agent</b>  |
| Name  |
| Street Address (P.O. Box Number is Not Acceptable)  |
| City <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE<br>D                 | TUCKER, MARK <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3734 131ST AVENUE NORTH                          | NAME  |   |
| STREET ADDRESS             | CLEARWATER, FL 33762                             | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE<br>D                 | FLECK, KENNETH D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 344 CHURCHILL AVENUE N.                          | NAME  |   |
| STREET ADDRESS             | OTTAWA, ONTARIO CANADA, K1Z 5B9                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE<br>D                 | BRENNAN, DAVID R <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 344 CHURCHILL AVE N                              | NAME  |   |
| STREET ADDRESS             | OTTAWA, ONTARIO, CA K1Z-59                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |

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: Mark Tucker Date: 7/21/05 Daytime Phone #: 727-561-7697