# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 16, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P98000014146

1. Entity Name

SYMETRICS HOLDINGS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1615 WEST NASA BLVD.<br>MELBOURNE FL 32901 | 1615 WEST NASA BLVD.<br>MELBOURNE FL 32901 |

MOORE CR2E034 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3494733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GARNER, DUDLEY E JR<br>1615 WEST NASA BLVD.<br>MELBOURNE FL 32901 | Name<br>Street Address (P.O Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>GARNER, DUDLEY E JR<br>3110 WEST FLORIDA AVE<br>MELBOURNE FL 32904 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000053830<br>02/16/04-80147-007 150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LYONS, ROBERT A<br>6417 WELLINGTON DRIVE<br>ORLANDO FL 32819 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SINCLAIR, JERRY L<br>410 RIO CASA DRIVE SOUTH<br>INDIALANTIC FL 32903 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPS<br>GARNER, D M<br>773 SEYMOUR ROAD NORTHEAST<br>PALM BAY FL 32905 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>MCKEGG, W C JR<br>665 PINEHURST CR NE<br>PALM BAY FL 32905 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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.

CR4-237

**SIGNATURE:** W. C. McKegg William C. McKEGG Jr 2-4-04 321-254-4[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #