

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023432

Entity Name: CYACORP, INC.

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

1050 SOLOMON DAIRY RD
QUINCY, FL 32352

New Principal Place of Business:

Current Mailing Address:

1050 SOLOMON DAIRY RD
QUINCY, FL 32352

New Mailing Address:

1050 SOLOMON DAIRY ROAD
QUINCY, FL 32352

FEI Number: 59-3510088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, LUCY H
1050 SOLOMON DAIRY ROAD
QUINCY, FL 32352 US

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: DV () Delete
Name: LEAR, JANICE H
Address: 12633 EASON CROSSING ROAD
City-St-Zip: THOMASVILLE, GA 31757

Title: DST () Delete
Name: HARRIS, LUCY H
Address: 1050 SOLOMON DAIRY ROAD
City-St-Zip: QUINCY, FL 32352

Title: DV () Delete
Name: HARRISON, GEORGE H III
Address: 3535 N. MERIDIAN RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP () Delete
Name: HARRISON, JAMES M JR.
Address: 570 TEAL LANE
City-St-Zip: TALLAHASSEE, FL 32308

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUCY H. HARRIS

DST

03/05/2008

Electronic Signature of Signing Officer or Director

Date