


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90020 045 ***150.00

DOCUMENT # P99000033312 1. Entity Name SYMONDS ENTERPRISES, INC.					
Principal Place of Business 18494 ARAPAHOE CIR PORT CHARLOTTE FL 33948			Mailing Address 18494 ARAPAHOE CIR PORT CHARLOTTE FL 33948		
2. Principal Place of Business - No P.O. Box # 730 90th St Ocean		3. Mailing Address P.O. Box 432			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Marathon FL		City & State Key Colony Beach FL		4. FEI Number 59-3571330 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 33050	Country MonRoe	Zip 33051	Country monRoe	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SYMONDS, JOEL 18494 ARAPAHOE CIR PORT CHARLOTTE FL 33948				7. Name and Address of New Registered Agent Name Brenda Symonds Street Address (P.O. Box Number is Not Acceptable) 730 90th St Ocean City Marathon FL Zip Code 33050	
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 <u>Brenda Symonds</u> DATE 4-11-08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input type="checkbox"/> Delete SYMONDS, JOEL 18494 ARAPAHOE CIR PORT CHARLOTTE FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS. <input type="checkbox"/> Delete SYMONDS, BRENDA 18494 ARAPAHOE CIR PORT CHARLOTTE FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Brenda Symonds</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-11-08 <small>Date Daytime Phone #</small>		