2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# P99000064467

Entity Name: SYMBIC ENTERPRISES INC.

Current Principal Place of Business:

179 BRUSHCREEK DR.
SANFORD, FL 32771

New Principal Place of Business:

1395 SHADY KNOLL COURT
LONGWOOD, FL 32750

Current Mailing Address:

PMB 460
478 E. ALTAMONTE DR. SUITE 108
ALTAMONTE SPRINGS, FL 327014615

New Mailing Address:

P.O. BOX 151642
ALTAMONTE SPRINGS, FL 32715-164

FEI Number: 59-3588754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHESTER, KETH
478 E. ALTAMONTE DR, STE. 108
ALTAMONTE SPRINGS, FL 327014615 US

Name and Address of New Registered Agent:

THOMPSON, DAVID
1395 SHADY KNOLL COURT
LONGWOOD, FL 32750 US

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: DAVID F. THOMPSON 02/23/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete
Name: CHESTER, KIETH
Address: 424 FELTER AVE
City-St-Zip: HEWLETT, NY 11557

Title: T ( ) Delete
Name: CHESTER, KIETH
Address: 424 FELTER AVE
City-St-Zip: HEWLETT, NY 11557

Title: D (X) Delete
Name: CHESTER, KIETH
Address: 424 FELTER AVE.
City-St-Zip: HEWLETT, NY 11557

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: THOMPSON, DAVID F
Address: 1395 SHADY KNOLL COURT
City-St-Zip: LONGWOOD, FLORIDA, FL 32750

Title: VP (X) Change ( ) Addition
Name: THOMPSON, FRANK L
Address: 1631 STARGAZER TERRACE
City-St-Zip: SANFORD, FL 32771-929

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: DAVID F. THOMPSON P 02/23/2004
Electronic Signature of Signing Officer or Director Date