


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000000369

1. Entity Name
 SYNOVUS SECURITIES, INC.



Principal Place of Business
 1234 FIRST AVE
 COLUMBUS, GA 31901

Mailing Address
 P.O. BOX 2628
 COLUBUS, GA 31902 US

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
 58-1625031

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUNACHER, SCOTT
 400 W. GARDEN ST
 PENSACOLA, FL 32501

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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 file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PERKINS, WILLIAM G 1234 1ST AVE COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEXTON, G. LEN III 1234 1ST AVE COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHINKLE, JOHN A 1234 1ST AVE COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDEN, JOHN W 1234 1ST AVE COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLARD, A D 1234 1ST AVE COLUMBUS, GA 31901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHIPPLE, PATRICIA L 1234 1ST AVE COLUMBUS, GA 31901

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 03/08/04-80152-006 150.00

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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:  **3/10/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #