

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/15/05
FILED

Mar 14, 2005 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, COLUMBUS GA 31902 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



1st MOORE CR2E034 (10/04)

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

7. Name and Address of New Registered Agent: Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ 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, 2005 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: CD NAME: PERKINS, WILLIAM G STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SEXTON, G. LEN III STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: SHINKLE, JOHN A STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: WALDEN, JOHN W STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: MALLARD, A D STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: WHIPPLE, PATRICIA L STREET ADDRESS: 1234 1ST AVE CITY-ST-ZIP: COLUMBUS GA 31901	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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03/14/05-80013-006 150.00

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: _____ DATE: 3/14/05 DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR