


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 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.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/05)

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PERKINS, WILLIAM G 1234 1ST AVE COLUMBUS GA 31901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 000000446086 03/07/06-80075-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEXTON, G. LEN III 1234 1ST AVE COLUMBUS GA 31901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHINKLE, JOHN A 1234 1ST AVE COLUMBUS GA 31901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDEN, JOHN W 1234 1ST AVE COLUMBUS GA 31901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLARD, A D 1234 1ST AVE COLUMBUS GA 31901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHIPPLE, PATRICIA L 1234 1ST AVE COLUMBUS GA 31901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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:  **Charles G. West** 2/24/06 706-644-824
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #