


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90055 040 ***550.00

DOCUMENT # F93000000369
 1. Entity Name
SYNOVUS SECURITIES, INC.



Principal Place of Business Mailing Address
 1234 FIRST AVE P.O. BOX 2628
 COLUMBUS GA 31901 COLUBUS GA 31902
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/07)

City & State City & State
 Zip Country Zip Country

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 registering) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

§ 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00

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

10. OFFICERS AND DIRECTORS	
TITLE: CD <input checked="" type="checkbox"/> Delete	NAME: PERKINS, WILLIAM G
STREET ADDRESS: 1234 1ST AVE	CITY-ST-ZIP: COLUMBUS GA 31901
TITLE: VD <input type="checkbox"/> Delete	NAME: SEXTON, G. LEN III
STREET ADDRESS: 1234 1ST AVE	CITY-ST-ZIP: COLUMBUS GA 31901
TITLE: VD <input checked="" type="checkbox"/> Delete	NAME: SHINKLE, JOHN A
STREET ADDRESS: 1234 1ST AVE	CITY-ST-ZIP: COLUMBUS GA 31901
TITLE: VD <input checked="" type="checkbox"/> Delete	NAME: WALDEN, JOHN W
STREET ADDRESS: 1234 1ST AVE	CITY-ST-ZIP: COLUMBUS GA 31901
TITLE: PD <input checked="" type="checkbox"/> Delete	NAME: MALLARD, A D
STREET ADDRESS: 1234 1ST AVE	CITY-ST-ZIP: COLUMBUS GA 31901
TITLE: V <input checked="" type="checkbox"/> Delete	NAME: WHIPPLE, PATRICIA L
STREET ADDRESS: 1234 1ST AVE	CITY-ST-ZIP: COLUMBUS GA 31901

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Bart Singleton
STREET ADDRESS: 1234 1st Avenue	CITY-ST-ZIP: Columbus, GA 31901
TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Beth Burns
STREET ADDRESS: 1234 1st Avenue	CITY-ST-ZIP: Columbus, GA 31901
TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Drew Klepchick
STREET ADDRESS: 1000 Abernathy Rd Suite 1500	CITY-ST-ZIP: Atlanta, GA 30328
TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Tom Wall
STREET ADDRESS: 2801 Hwy 280 South Bldg 3	CITY-ST-ZIP: Birmingham, AL 35223
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Angela Wells Angela Wills 8/19/07 706-649-2558
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #