

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009932

Entity Name: SYNERGY OUTDOOR ADVENTURE RESOURCES, INC.**Current Principal Place of Business:**601 SOUTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020**Current Mailing Address:**601 SOUTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020 US**FEI Number:** 27-1620723**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURPHY, WILL
601 SOUTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCEO
Name	MURPHY, WILL
Address	601 SOUTH FEDERAL HIGHWAY
City-State-Zip:	HOLLYWOOD FL 33020

Title	TD
Name	MURPHY, WILL
Address	601 SOUTH FEDERAL HIGHWAY
City-State-Zip:	HOLLYWOOD FL 33020

Title	D
Name	MURPHY, WILLIAM F
Address	555 NE 15TH ST STE CU14
City-State-Zip:	MIAMI FL 331321451

Title	SD
Name	DEFFLER, KRISTIN
Address	601 SOUTH FEDERAL HIGHWAY
City-State-Zip:	HOLLYWOOD FL 33020

Title	DIRECTOR
Name	MASON, RYAN
Address	111 80 STREET
City-State-Zip:	MARATHON FL 33050

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILL MURPHY AS PRES

PRESIDENT

01/03/2019

Electronic Signature of Signing Officer/Director Detail_____
Date