

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124953

Entity Name: SYNERGX CORPORATION**Current Principal Place of Business:**4613 N CLARK AVENUE
TAMPA, FL 33614**Current Mailing Address:**4613 N CLARK AVENUE
TAMPA, FL 33614**FEI Number:** 20-8875320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAWMAN, PATRICIA
1201 N RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617 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	PC
Name	LAWMAN, MICHAEL
Address	1201 N. RIVERHILLS DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	DIRECTOR
Name	SCANLAN, JOSEPH
Address	1117 PINELLAS BAYWAY SOUTH
City-State-Zip:	TIERRA VERDE FL 33715

Title	DIRECTOR
Name	COOK,, GRAHAME
Address	9 ALLEYN ROAD
City-State-Zip:	DULWICH UK SE21-8AB

Title	CEO
Name	LAWMAN, PATRICIA D
Address	1201 N. RIVERHILLS DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	DIRECTOR
Name	LAWMAN, DAVID
Address	KEMBLE HOUSE, THE SPINNEY LARCH AVE.
City-State-Zip:	SUNNINGDALE UK SL5 0AS

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

SIGNATURE: PATRICIA LAWMAN

CEO

01/14/2015

Electronic Signature of Signing Officer/Director Detail_____
Date